



## Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300 For Office Use Only

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SOS Control Number: 585796		Filing Status: Inactive-Dissolved (Administrative)			125
Limited Liability Company (D)		Date Formed: 01/09/201	8 Formation	Locale: ID	N
Name and Mailing Address: SAFE RELEASE HOUSE LLC 8154 W PACKSADDLE DR			(1) Add or Change Mailing Address:		:53 E
BOISE, ID 837			7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		ΡM
				39-04-04 TF	72 10
JENNY RICKS 8154 PACKSAI		ice (RO) Address:	(2) Change RA and/or F	tO Address:	ceived
BOISE, ID 837					7व ह
	Note: The Registered	Office address must be a phy	sical Idaho address (no p	ostal box).	O <del>l</del>
(3) New Regist	tered Agent (RA) Signature:				Н
				t must sign here to accept the a	<del> </del>
(4) Limited Liabili These will not be	ty Companies: Enter names and accepted. Changes here will no	addresses of Managers OR affect the entity mailing add	Members. Do NOT put ress. If more space is no	'same as last year' or 'sar ∍eded, please add an atta	ne as at∰ve'. achment o
Manager/Member	Name O · C	Business Addres		City, State, Zip	Н
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(5) Signature:	anny Keck	$\triangle$	(6) Date:	24/25	٧
(7) Type/Print Nam	e knyk Kiu	΄ _	(8) Title: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Nager	о Н

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.

Sign and date this form and return to the address provided above.