



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to: Idahi _FILED_ate

State

Reinstatement fee: \$30.00.					L	Phone: (208		
SOS Control N	lumber: 508447	Filing	Filing Status: Inactive-Dissolved (Administrative)					
Limited Liability Company (D)			Formed: 06/08/20)16 F	ormation	Locale: ID		
Name and Mai ORCHARD RA PO BOX 396 BOISE, ID 837	NCH ROAD LLC			(1) Add or C	Change Maili	ng Address:	J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Registered Ag STEVE C SWA 4208 EDGEMO BOISE, ID 837	ONT ST	ed Office (Re	O) Address:	(2) Change	RA and/or F	RO Address:	Marris Balling Street	
(4) Limited Liabili These will not be	tered Agent (RA) Sign ity Companies: Enter nam accepted. Changes here	If a lines and addres	the entity mailing ac	R Members. D	tua TON o	'same as last ve	ear' or 's	ame as above
Manager/Member			Business Address			City, State, Zip		
Mgr	STEYE C. SW	Aind Tol	4208 E()	Limen	55	80/58	70	83701
MgrMem MgrMem MgrMem MgrMem								
(5) Signature:	The True			(6) Date:	3/1	7 3/10	:/23	i
(7) Type/Print Nam	ne: STEVE C.	PWANS	(W)	(8) Title:	MAN	ACER		
Instructions: Le	gibly complete the form above	Enclose a ch	ack made navable to	the Ideha Seer	otomi of Sto	40 for \$20 00		

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.