



Idaho Limited Liability Company Reinstatement Form

Return completed form to:

	File online at: sos.idaho.gov		Return completed form to: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720
	Reinstatement fee:	\$30.00.	Phone: (208) 334-2300
SOS Control N	lumber: 160412	Filing Status: Inactive-Dissolved	
imited Liability	Company (D)	Date Formed: 04/12/2006 For	rmation Locale: ID
	iling Address: ELECTRIC, LLC	(1) Add or Cha	ange Mailing Address:
PO BOX 267		SCOTT TOMAZ	ZICH
PONDERAY, ID 83852		1295 N 6TH E	
		MOUNTAIN HO	DME ID 8364/
-	ent (RA) and Registered Of	ffice (RO) Address: (2) Change RA	A and/or RO Address:
1/ 3 A / TENT			
	NED OR INVALID	SCOTT TOMA	ZICH
GENT RESIG	NED OR INVALID 02 (ADA)	SCOTT TOMA: 1295 N 6TH E	ZICH
BOISE, ID 837	'02 (ADA)	1295 N 6TH E MOUNTAIN HO d Office address must be a physical Idaho addre	OME ID 83647
AGENT RESIGNOSE, ID 837 3) New Regist	Note: The Registered tered Agent (RA) Signature: ty Companies: Enter names and	1295 N 6TH E MOUNTAIN HO d Office address must be a physical Idaho addre	OME ID 83647 ess (no postal box). new agent must sign here to accept the appointment. NOT put 'same as last year' or 'same as abo
GENT RESIG SOISE, ID 837 3) New Regist) Limited Liabilinese will not be lanager/Member	Note: The Registered tered Agent (RA) Signature: ty Companies: Enter names and accepted. Changes here will no	1295 N 6TH E MOUNTAIN HO d Office address must be a physical Idaho address. If a new agent is appointed in Item (2) above, the day addresses of Managers OR Members. Do N	OME ID 83647 ess (no postal box). new agent must sign here to accept the appointment. NOT put 'same as last year' or 'same as abo ace is needed, please add an attachment. City, State, Zip
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