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	Idaho Limited Liabil File online at: sosbiz.idaho.g Return completed form to: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	• • •	00 . Fil	For Office Use Only -FILED- le #: 0005522561 ate Filed: 12/14/2023 9:36:00 AM	-6139 12/14/20
SOS Control	Number: 208906	Filing Status: Inactive-Dis	iling Status: Inactive-Dissolved (Administrative)		
Limited Liability Company (D) Da		Date Formed: 08/23/2007	7 Formation Locale: ID		<u> </u>
Name and Mailing Address:(1) Add or Change Mailing Address:WHITENING FAST, LLC1/449 Greenchaint LoopCHRISTOPHER URSICH1/449 Greenchaint LoopSTE 201Coeur d' Alene, Id. 83					[#] ⋧₿ ⁄Υ₽
401 1/2 E SHE	ERMAN AVE ENE, ID 83814-2777				ר גפ
LISA URSICH 4449 GREEN	gent (RA) and Registered Of CHAIN LOOP #2 ENE, ID 83814	fice (RO) Address:	(2) Change RA and/or R(O Address:	jelved pÅ
(3) New Regi	Note: The Registered	d Office address must be a physic If a new agent is appointed in ite		stal box). must sign here to accept the appointmen	
(4) Limited Liabi These will not be	lity Companies: Enter names and e accepted. Changes here will no	d addresses of Managers OR M ot affect the entity mailing addre	lembers. Do NOT put 's ss. If more space is ne	same as last year' or 'same as ab eded, please add an attachment.	ove'. ^{(III}) O
Manager/Member	Name Christopher Urs Lisa ursich			City, State, Zip Levrel Alene, Id. 838/ Coevrol Alere, Id 8381	

Manager/Member	Name 😱	Business Address	City, State, Zip				
Mgr X Mem	Cahristopher Ursich	4449 Greenchain Loce# 2 Co	CARONCO Alene, Id				
Mgr 🕅 Mem	LisAursich	4449 Greenchain Loop 2	Coeurci Alere, Id				
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(5) Signature: $full (6)$ Date: $12 - 11 - 33$							
(7) Type/Print Name: Lisa Ursich (8) Title: Menber H							

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.