



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

-FILED-

File #: 0006021605

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SOS Control Number: 250348

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 12/22/2008

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

560 WASHINGTON AVENUE NORTH, LLC
PO BOX 3489
KETCHUM, ID 83340-3421

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

SUSAN J TRYON
209 PARKWAY DR
KETCHUM, ID 83340

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

Susan J. Tryon

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Susan J. Tryon	PO Box 3489	Ketchum, Idaho 83340
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature:

Susan J. Tryon

(6) Date:

11-28-24

(7) Type/Print Name:

Susan J. Tryon

(8) Title:

Manager

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.

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