



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 #: 0005595633

Date Filed: 1/29/2024 2:51:00 PM

SOS Control Number: 4836560

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 08/01/2022

Formation Locale: ID

Name and Mailing Address:

M.P.F. Trans LLC
9794 W LINCROFT DR
BOISE, ID 83704-9795

(1) Add or Change Mailing Address:

M.P.F. TRANS LLC
9376 W HEARTHSIDE DR
BOISE, ID, 83709-6887

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

UNITED STATES CORPORATION AGENTS INC
800 W MAIN ST STE 1460
BOISE, ID 83702

(2) Change RA and/or RO Address:

POLYCAP MOKOSA.
9376 W HEARTHSIDE DR.
BOISE, ID 83709

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

(3) New Registered Agent (RA) Signature:

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | POLYCAP MOKOSA | 9376 W HEARTHSIDE DR, BOISE | BOISE ID 83709 |
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(5) Signature:

(6) Date:

01/29/2024

(7) Type/Print Name:

POLYCAP MOKOSA

(8) Title:

OWNER

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.

B0853-7067 01/29/2024 2:51 PM Received by Office of the Idaho Secretary of State