



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

Idaho Secretary of State
Attn: Reinstatements
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 3466475

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 03/29/2019

Formation Locale: ID

Name and Mailing Address:

Two Rivers Medical Group, LLC
ERIN PRETTYWEASEL
PO BOX 1311
EAGLE, ID 83616-1311

(1) Add or Change Mailing Address:

7568 N Ferris Ave
Boise ID 83714

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

Erin PrettyWeasel
7568 N FERRIS AVE
BOISE, ID 83714

(2) Change RA and/or RO Address:

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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Erin Prettyweasel	7568 N Ferris Ave	Boise ID 83714
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Erin Prettyweasel

(6) Date:

4/11/2021

(7) Type/Print Name:

Erin Prettyweasel

(8) Title:

Owner/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.

B0594-4598 04/19/2021 3:12 PM Received by ID Secretary of State Lawrence Denney