



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

Sign and date this form and return to the address provided above.

For Office Use Only

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B0837-1999 09/29/2

File #: 0005414606

Date Filed: 9/29/2023 1:44:00 PM

SOS Control Number: 4620174		Filing Status: Inactive-Dissolved (Administrative)			ء 1 ن
Limited Liability	Company (D)	Date Formed: 02/22/202	2 Formation	Formation Locale: ID	
Name and Ma JustBeachy LL 2267 S DIVISIO BOISE, ID 837	C ON AVE		(1) Add or Change Maili	ng Address:	; ;
RUTH CREPS 2267 S DIVISIO BOISE, ID 837	ON 706	d Office address must be a phys	(2) Change RA and/or R		, , , , , , , , , , , , , , , , , , ,
		If a new agent is appointed in		must sign here to accept the appoi	
These will not be	ity Companies: Enter names an accepted. Changes here will no	d addresses of Managers OR ot affect the entity mailing addr	Members. Do NOT put ' ress. If more space is ne	eeded, please add an attachr	as above'. (ment. (
Manager/Member	Name	Business Addres	SS	City, State, Zip	
Mgr Mem Mem Mgr Mem Mem Mem Mem Mem Mem Mem Mem Mgr Mgr Mem Mgr Mgr Mem Mgr Mgr	RUTH CREPS CRAIG RIGGS	l	L? DUK		3706 5074
(5) Signature:			(6) Date: Sept	29, 2022	h
(7) Type/Print Nam	10: RUTH CRE	PS	(8) Title:	bec	!
Instructions: Leg	gibly complete the form above. Enc	lose a check made payable to th	ne Idaho Secretary of Stat	e for \$30.00.	