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(5) Signature:

(7) Type/Print Name:

Idaho Limited Liability Company Reinstatement Form

For Office Use Only

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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 File #: 0006321667

Date Filed: 6/16/2025 1:25:00 PM

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	Phone: (208) 334-2300				25
SOS Control Number: 587081		Filing Status: Inactive-Dis	Filing Status: Inactive-Dissolved (Administrative)		<u></u>
Limited Liability Company (D)		Date Formed: 01/08/2018	Date Formed: 01/08/2018 Formation Locale: ID		2 5
ELEVATION T 1690 N PREST	TWICK WAY		(1) Add or Change Mailin	ng Address:	РМ R
EAGLE, ID 83	616-6660				е Се 1
Registered Agent (RA) and Registered Office (RO) Address: RYAN GREASON (2) Change RA and/or RO Address:					Ved
1690 N PREST					λq
EAGLE, ID 83	616				
	Note: The Regis	stered Office address must be a physi	ical Idaho address (no po	ostal box).	Offi
(3) New Registered Agent (RA) Signature:					Ω Φ
		If a new agent is appointed in it	em (2) above, the new agent	must sign here to accept the	appointment.
(4) Limited Liabili These will not be	ity Companies: Enter name: accepted. Changes here w	s and addresses of Managers OR M rill not affect the entity mailing addre	Members. Do NOT put 'ess. If more space is ne	same as last year' or 'sa eded, please add an att	ıme as above'. tachmen t
Manager/Member	Name	Business Address	5	City, State, Zip	. 0
Mgr Mem	Kyan Oreas	son 1690 N Fre	sprick Way	Fagle ID,	83616
Mgr Mem				/ /	
Mgr Mem		-			 _
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(6) Date:

(8) Title:

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.