



## Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

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

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

SOS Control Number: 77472 Limited Liability Company (D)	Filing Status: Inactive-Dis Date Formed: 11/06/2002		
Name and Mailing Address: BOISE'S BETTER BENEFITS, LLC PO BOX 190791 BOISE, ID 83719-0791	Date 1 01111ed. 11700/2002	(1) Add or Change Mailing Address:	
Registered Agent (RA) and Registered Off ENTITY SERVICES INC 216 W JEFFERSON ST BOISE, ID 83702		(2) Change RA and/or RO Address:  ENTITY SERVICES, INC  2309 N. MOUNTAIN VIEW Policy  SUITE 160  BOIGH, IP 83706  ical Idaho address (no postal box).	J
(3) New Registered Agent (RA) Signature:  (4) Limited Liability Companies: Enter names and	If a new agent is appointed in iter addresses of Managers OR M	m (2) above, the new agent must sign here to accept the appointment.  Members. Do NOT put 'same as last year' or 'same as above	 e'.
Manager/Member Name  Mgr Mem	Business Address	City, State, Zip  Bilse, TD 83719	
(5) Signature: (7) Type/Print Name: (5) Signature: (7) Type/Print Name: (5) Signature: (7) Type/Print Name: (6) Signature: (7) Type/Print Name: (7) Type/Pri	ose a check made payable to the	(6) Date: (ASILO) (8) Title: Trobe e e Idaho Secretary of State for \$30.00.	