



## Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

For Office Use Only
-FILED-

B0930-3064 08/2

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

Boise, ID 83720

File #: 0005870371

Date Filed: 8/23/2024 11:39:00 AM

	Phone: (208) 334-2300				\$ 2
SOS Control Number: 616219 Limited Liability Company (D)		Filing Status: Inactive-Dissolved (Administrative)			2 4
		Date Formed: 06/28/2018	Formation I	Locale: ID	<u> </u>
133 OASIS DR	PAINT BRUSH SERVIC		Add or Change Mailin	g Address:	1:39 AM
SEBASTIAN S. 133 OASIS DR POCATELLO,	ANTIAGO Se'  ID 83204	istered Office address must be a physical lo	Change RA and/or RC		Received by Of
		If a new agent is appointed in item (2)	above, the new agent r	nust sign here to accept the a	appointment
		es and addresses of Managers OR Memb will not affect the entity mailing address. I			
Manager/Member	Name	Business Address		City, State, Zip	0
Mgr Mem	Sebastian	(Samug) (33 Casis	Date: $ \Theta - \partial $	20 catello 1	the Idaho Secretary
(7) Type/Print Nam	ne: Sohas	rian C, Santiago (8)	Title: ONLY	ier - Alan	agen SS
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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.