



## **Idaho Limited Liability Company Reinstatement Form**

File online at: sos.idaho.gov

Reinstatement fee: \$30.00.

Return completed form to:

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

|                                                                                            |                        |                                            | Phone: (208) 334-2300 0                                                                                                                                   |                                     |
|--------------------------------------------------------------------------------------------|------------------------|--------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| SOS Control N                                                                              | Number: 540773         | Filing Status: Inactive-Dissolve           | ed                                                                                                                                                        | ri<br>E                             |
| Limited Liability Company (D)                                                              |                        | Date Formed: 02/21/2017                    | Formation Locale: ID                                                                                                                                      | مم<br>الك                           |
| Name and Mailing Address: KELLEY PROPERTIES LLC 3333 EAST, 4050 NORTH TWIN FALLS, ID 83301 |                        | (1) Add or Change Mailing Address:         |                                                                                                                                                           | en m<br>Entre                       |
|                                                                                            |                        |                                            |                                                                                                                                                           | e service<br>E service<br>E service |
| CARYN F KEL                                                                                | 050 EAST, 4050 NOR     | d Office (RO) Address: (2) C               | change RA and/or RO Address:                                                                                                                              | Rece ived                           |
| (4) Limited Liabili                                                                        | tered Agent (RA) Signa | If a new agent is appointed in item (2) as | above, the new agent must sign here to accept the appoir<br>ers. Do NOT put 'same as last year' or 'same a<br>more space is needed, please add an attachm | s above¦,                           |
| Manager/Member                                                                             | Name                   | Business Address                           | City, State, Zip                                                                                                                                          | - <u>(</u>                          |
| Mgr Mem                                                                                    | Caeyn Kolley           | 3333E. 40501                               | N. TWINFALS JD                                                                                                                                            | 833                                 |
| Mgr                                                                                        | Kelley Prop            | perties 4c                                 |                                                                                                                                                           |                                     |
| (5) Signature:                                                                             | man Walla              | A (6) D                                    | ate: 7-5-19                                                                                                                                               | i<br>d                              |

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.

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