



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

File online at: sos.idaho.gov

## Return completed form to:

B0373-2439

Denney

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

Reinstatement fee: \$30.00.			Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	
iOS Control Nu	<b>Imber:</b> 600534	Filing Status: Inactive-Dissolve	ed	
imited Liability	Company (D)	Date Formed: 03/22/2018	Formation Locale: ID	
lame and Maili	ng Address:	(1) A	Add or Change Mailing Address:	
TRP LLC				
88 N 300 E				
LACKFOOT, IE	) 83221			
-		ed Office (RO) Address: (2) G	Change RA and/or RO Address:	
M WETHERBE	E			
88 N 300 E				
LACKFOOT, IE	83221			
	Note: The Regi	stered Office address must be a physical Ida	aho address (no nostal hov)	
	rious. The rugi	istored critico address tridet po a priyerear ter	and address (no poster box).	
) New Registe	red Agent (RA) Signa	iture:		
) New Registe	red Agent (RA) Signa	If a new agent is appointed in item (2) a	above, the new agent must sign here to accept the appointment.	
Limited Liability	Companies: Enter name	If a new agent is appointed in item (2) ages and addresses of Managers OR Members	ers. Do NOT put 'same as last year' or 'same as above'.	
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