



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only
 Return completed form to:
 Ida **-FILED-** state
 Attn: Reinstatements
 File #: 0004795101
 450 NORTH 4th Street
 Date Filed: 6/21/2022 3:57:00 PM
 Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 459318
Limited Liability Company (D)

Filing Status: Inactive-Dissolved (Administrative)
Date Formed: 04/28/2015 **Formation Locale:** ID

Name and Mailing Address:

WILLARD AND SON LLC
628 N FLAUSON AVE
KUNA, ID 83634

736 E. Full Moon St

(1) Add or Change Mailing Address:

Willard and Sons, LLC

Registered Agent (RA) and Registered Office (RO) Address:

BRANDON D WILLARD
628 N FLAUSON AVE
KUNA, ID 83634

736 E. Full Moon St

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Brandon Willard	736 E Full moon st.	Kuna, ID 83634
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(5) Signature:

[Handwritten Signature]

(6) Date:

6/21/2022

(7) Type/Print Name:

Brandon Willard

(8) Title:

Mgr / owner

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.

E0696-6691 06/21/2022 3:57 PM Received by ID RECEIVED BY STATE CLERK DENNEY