



Idaho Limited Partnership Reinstatement Form

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B0758-4737

Attn: Reinstatements File #: 0005083205 400 North 4th Street Date Filed: 1/23/2023 10:18:00 AM

Reinstatement fee: \$30.00.			Phone: (208) 334-2300	
SOS Control Number: 35963 Filing Status: Inactive		Dissolved (Ad	ministrative)	
Limited Partnership (D)	Date Formed: 12/31/20	12	Formation Locale: ID	, ,
Name and Mailing Address: CADA LIMITED PARTNERSHIP 23250 CADA LN CALDWELL, ID 83607-7852		(1) Add or (Change Mailing Address:	0
Registered Agent (RA) and Register D WAYNE CADA 23250 CADA LN CALDWELL, ID 83607	ered Office (RO) Address:	(2) Change	RA and/or RO Address:	
(3) New Registered Agent (RA) Sig	If a new agent is appointed in	n item (2) above, t	ne new agent must sign here to accept the a	-
(4) Limited Partnership: Enter names an not be accepted. Changes here will not a	affect the entity mailing address. If m	o NOT put sa nore space is n	ne as last year or same as above. eeded, please add an attachment.	i nese will F
Name	Business Address		City, State, Zip	
D. Wayne Coda	23251 Cada L	are	Coldwell Ida	83607
				£
				0
(5) Signature:	Ale	(6) Date:	1/20/23	e e e
(7) Type/Print Name: D. Way	re Cada	(8) Title:	Duner -	×
Instructions: Legibly complete the form abo	ve. Enclose a check made payable to	the Idaho Secr	etary of State for \$30.00.	H

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