



Idaho Limited Liability Company Reinstatement Form

		bility Company Reinsta		For Office Use Only -FILED- File #: 0005638794 Date Filed: 2/20/2024 1:33:00 PM
SOS Control	Number: 3463602	Filing Status: Inactive-Disso	lved (Administra	ative)
Limited Liabili	ty Company (D)	Date Formed: 03/27/2019	Formati	on Locale: ID
Name and Ma	ailing Address:	(1) Add or Change M	ailing Address:
	CARE SERVICES LLC		1219W A	udson A
320 HOLLY ST NAMPA, ID 83686-5106		İ	1219 W Hudson Ave Neme 9,1083651	
. w	70000 0 100	'	white all	U83651
EL CENTRO	ligent (RA) and Registered INC IY BLVD STE 103	Office (RO) Address:	?) Change RA and/o	or RO Address:
NAMPA, ID 8	Note: The Registered Agent (RA) Signat	If a new agent is appointed in item (2) above, the new ag	ent must sign here to accept the appoint
NAMPA, ID 8 (3) New Regi 4) Limited Liab	Note: The Regist Stered Agent (RA) Signate illity Companies: Enter names	ure:	2) above, the new ag	ent must sign here to accept the appoint ut 'same as last year' or 'same as
NAMPA, ID 8 (3) New Regi 4) Limited Liab	Note: The Regist Stered Agent (RA) Signat willity Companies: Enter names to accepted. Changes here willing the stere of	If a new agent is appointed in item (2) above, the new ag	ent must sign here to accept the appoint
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