



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

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

For O	ffice	Use	Only

-FILED-File #: 0005482848

Date Filed: 11/16/2023 4:09:00 PM

	Phone: (208) 334-2300					2
SOS Control N	Number: 598111 F	Filing Status:	Inactive-Diss	olved (Administ	trative)	0 23
Limited Liability	Company (D)	Date Formed:	03/21/2018	Forma	ation Locale: ID	4
Name and Mai		(1) Add or Change Mailing Address: 16300 5- Curtis Rd Kuna, Idaho 83634				
6803 W OVER BOISE, ID 837				Kuna, I	Edaho 83634	PM Re
Registered Ag TIFFANY CLYI 6803 W OVER BOISE, ID 837	LAND RD	e (RO) Addro	ess:	(2) Change RA and	d/or RO Address:	eceived by
(4) Limited Liabili	Note: The Registered O tered Agent (RA) Signature: ty Companies: Enter names and a accepted. Changes here will not a	If a new agent i	is appointed in Item	(2) above, the new	agent must sign here to accept th	e appointment.
Manager/Member	Name		ess Address	z. ii more opace	City, State, Zip	Н
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☐ Mgr ☐ Mem ☐ Mgr ☐ Mem						р с о
(5) Signature:	Upolin-On	~~		(6) Date: -	16-5093	ary
(7) Type/Print Nam	Titany Myde-Da	mma		(8) Title: Mem	ber Manager	0 Hi
Instructions: Leg	gibly complete the form above. Enclose	e a check made	payable to the l	daho Secretary of	f State for \$30.00.	Ω