



Idaho Limited Liability Company Reinstatement Form For Office Use Only

File online at: sosbiz.idaho.gov

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

Re -FILED- d form to:

File #: 0005139509 atements

Date Filed: 2/28/2023 9:12:00 AM Boise. ID 83720

	Reinstatement	tee: \$30.00.		Phone: (208) 334-2300	ά
SOS Control Number: 3880015		Filing Status: Inactive-Dissolved (Administrative)			2
Limited Liability Company (D)		Date Formed: 05/19/26	020 Format	tion Locale: ID	N د
Name and Mailing Address:			(1) Add or Change Mailing Address:		
The Black Cov					H
2663 NW 4TH					N.
FRUITLAND, I	D 83619-3556				<u> </u>
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•		ed Office (RO) Address:	(2) Change RA and	/or RO Address:	Ü
Paula M Smith					(V
2663 NW 4TH FRUITLND, ID					TVEQ
TROTTEND, 10	00010				Ö
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	Note: The Regi	stered Office address must be a p	hysical Idaho address (r	no postal box).	~
(3) New Regis	tered Agent (RA) Signa	ture:			H
`,	J		in item (2) above, the new a	agent must sign here to accept the appointr	nent. H
(4) Limited Liabil	ity Companies: Enter name	es and addresses of Managers C	R Members. Do NOT	put 'same as last year' or 'same as is needed, please add an attachme	above
Manager/Member	Name	Business Adda		City, State, Zip	ent. 10
MgrMem	Paula M. Sm	with 805 Nr	3rd st.		3619
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(5) Signature:	and	SMS	(6) Date:	b 22, 2023	ar 2
(7) Type/Print Nan	ne: Paula)	1. Smith	(8) Title:	whor	0
Instructions: Le	gibly complete the form above	Enclose a check made payable to	the Idaho Secretary of	State for \$30.00.	H