



Idaho Limited Liability Company Reinstatement Form

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For Office Use Only

Ret **-FILED-** form to:
Ida State

File #: 0005015503 tements

Date Filed: 12/5/2022 11:56:00 AM
Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 566886

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 08/14/2017

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

SUNRISE LANDS LLC

PO BOX 148

OSBURN, ID 83849-0148

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

(2) Change RA and/or RO Address:

TERRI MATTSON

1305 E GARDEN AVE

OSBURN, ID 83849 (SHOSHONE COUNTY)

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	RANDY MATTSON	P.O. Box 148	OSBURN, ID. 83849
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Randy Mattson

(6) Date:

11-28-22

(7) Type/Print Name:

RANDY MATTSON

(8) Title:

MEMBER

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.

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