



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

For	Office	Hea	Only	
ror	Office	use	Uniy	•

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	Phone: (208) 334-2300			2
SOS Control N	lumber: 267827	Filing Status: Inactive-Dissolve	ed (Administrative)	023
Limited Liability	Company (D)	Date Formed: 08/10/2009	Formation Locale: ID	ω
Name and Mai RED CORVET PO BOX 2504 EAGLE, ID 836	TE PUBLISHING, LLC	(1) A F.	Add or Change Mailing Address: FUC CLAKL O.BX 2504 ASh, TS 83616	:52 PM R
NO AGENT AGENT RESIG BOISE, ID 837	, ,	red Office address must be a physical Ida	Change RA and/or RO Address: CLANDER DENT 250 Gland Gland April And address (no postal box).	H H
(4) Limited Liabilit These will not be Manager/Member	ty Companies: Enter names accepted. Changes here will	and addresses of Managers OR Member not affect the entity mailing address. If	ers. Do NOT put 'same as last year' or 'sa more space is needed, please add an at	me as ah∰ve'
		Business Address	City, State, Zip	-
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(5) Signature:	In	(6) D	late: 7-7-23	ary
(7) Type/Print Nam	e: Chie A.	Clal (8) T	itle: MBR	о Н

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.