



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

Idaho Secretary of State

Attn: Reinstatements

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 171331

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 08/04/2006

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

ARTIFEX, LLC

19618 PORTSMOUTH WAY

CALDWELL, ID 83605-5396

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

(2) Change RA and/or RO Address:

CARLOS E LARIOS

19618 PORTSMOUTH

CALDWELL, ID 83605

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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Carlos E. Larios	19618 Portsmouth	Caldwell ID 83605
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Ana Maria Sardan	19618 Portsmouth	Caldwell ID 83605
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(5) Signature:

(6) Date:

(7) Type/Print Name:

(8) Title:

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.

B0628-4916 08/23/2021 2:46 PM Received by ID Secretary of State Lawrence Denney