



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only
Ref FILED - tate

State

File #: 0005211164 tements 450 North 4th Street Date Filed: 4/25/2023 12:43:00 PM

SOS Control Number: 329902 Filing Status: Inactive-Dissolved (Administrative) Date Formed: 09/23/2011 Formation Locale: ID Name and Mailing Address: LINDSAY E GORRILL (3) New Registered Agent (RA) Signature: It a new agent is appointed in item 2) above, the item appointment by allowe, the item appointment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please add an attachment by mailing address. If more space is needed, please ad		Reinstatement fe	ee: \$30.00.		Di (000) 001 200	
SOS Control Number: 329902 Filing Status: Inactive-Dissolved (Administrative) Date Formed: 09/23/2011 Formation Locale: ID Name and Mailing Address: LIBP MANAGEMENT SERVICES, LLC 611 E SHERMAN AVE COEUR D ALENE, ID 83814 Registered Agent (RA) and Registered Office (RO) Address: WBM CORPORATE SERVICES, LLC 611 E SHERMAN AVE COEUR D ALENE, ID 83814 Note: The Registered Office address must be a physical Idaho address (no postal box). If a new agent is agoicited in term (2) above, the new sepont must sligh have to accept the appointment. It has been sepond must sligh have to accept the appointment. It has said with the appointment of the accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment, the Manager/Member Name as lated the entity mailing address. If more space is needed, please add an attachment, the Manager/Member Name LINDSAY E. GORRILL 611 E Sherman Ave. Coeur d'Alene, ID 83814 Coe					Phone: (208) 334-230	0 0
Limited Liability Company (D) Name and Mailing Address: LIP MANAGEMENT SERVICES, LLC 611 E SHERMAN AVE COEUR D ALENE, ID 83814 Registered Agent (RA) and Registered Office (RO) Address: LINDSAY E GORRILL 611 E SHERMAN AVE COEUR D ALENE, ID 83814 Note: The Registered Office address must be a physical Idaho address to be accepted by the accepted Changes here will not affect the entity mailing address. If more space is needed, please add an attachment of the accepted Changes here will not affect the entity mailing address. If more space is needed, please add an attachment of the new	SOS Control I	Number: 329902	Filing Status: Inactive-	Dissolved (Admin	istrative)	
Name and Mailing Address: LEP MANAGEMENT SERVICES, LLC 611 E SHERMAN AVE COEUR D ALENE, ID 83814 Registered Agent (RA) and Registered Office (RO) Address: LINDSAY E GORRILL 611 E SHERMAN AVE 608 NORTHWEST BLVD STE 402 COEUR D ALENE, ID 83814 Note: The Registered Office address must bra physical Idaho address (no postal box). Note: The Registered Office address must bra physical Idaho address (no postal box). (3) New Registered Agent (RA) Signature: If a new agent is appointed in item (2) above, the hew 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 here agent must sign here to accept the expointment. (5) New Registered Members. Name Name	Limited Liability	y Company (D)	Date Formed: 09/23/20)11 Form	ation Locale: ID	Ŋ
LINDSAY E GORRILL Note: The Registered Office address must be a physical Idaho address (no postal box). Note: The Registered Office address must be a physical Idaho address (no postal box). Note: The Registered Office address must be a physical Idaho address (no postal box). Note: The Registered Office address must be a physical Idaho address (no postal box). Note: The Registered Office address must be a physical Idaho address (no postal box). Note: The Registered Office address must be a physical Idaho address (no postal box). Note: The Registered Office address must be a physical Idaho address (no postal box). Note: The Registered Office address must be a physical Idaho address. Note: The Registered Office address must be a physical Idaho address. Note: The Registered Office address must be a physical Idaho address. Note: The Registered Office address must be a physical Idaho address. Note: The Registered Office address must be a physical Idaho address. Note: The Registered Office address.	Name and Ma	ilina Addross:		(1) Add or Chan	ne Mailing Address:	
Registered Agent (RA) and Registered Office (RO) Address: LINDSAY E GORRILL BI11 E SHERMAN AVE COEUR D ALENE, ID 83814 Note: The Registered Office address must be a physical Idaho address (no postal box). (3) New Registered Agent (RA) Signature: (3) New Registered Agent (RA) Signature: (4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as a sal' research with these will not be accepted Changes here will not affect the entity mailing address. If more space is needed, please add an attachment of the manager of Members. Do NOT put 'same as last year' or 'same as last year' or 'same as a last year' or 'same as last year' or 'same		•		(1) / 100 0/ 0/10/1	,	
Registered Agent (RA) and Registered Office (RO) Address: LINDSAY E GORRILL 811 E SHERMAN AVE COEUR D ALENE, ID 83814 Note: The Registered Office address must be a physical Idaho address (no postal box). (3) New Registered Agent (RA) Signature:	•	·				••
Registered Agent (RA) and Registered Office (RO) Address: LINDSAY E GORRILL 611 E SHERMAN AVE COEUR D ALENE, ID 83814 Note: The Registered Office address must be a physical Idaho address (no postal box). If a new agent is appointed in them?) 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 abbytifes will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. If Manager/Member Name Business Address City, State, Zip Q Mgr Mem Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mgr Mem Mgr Mem Mgr Mgr Mgr Mgr Mem Mgr Mgr Mgr Mgr Mgr Mem Mgr Mg						
Registered Agent (RA) and Registered Office (RO) Address: LINDSAY E GORRILL 611 E SHERMAN AVE 608 NORTHWEST BLVD STE 402 COEUR D ALENE, ID 83814 Note: The Registered Office address must be a physical Idaho address (no postal box). Note: The Registered Office address must be a physical Idaho address (no postal box). Note: The Registered Agent (RA) Signature: If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment. The sew will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. The sew will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. The sew will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. The sew will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. The sew will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. The sew will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. The sew will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. The sew will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. The sew will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. The sew will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. The sew will not be accepted. The sew will not affect the entity mailing address. If more space is needed, please add an attachment. The sew will not affect the entity mailing address. If more space	00201137122	, ,				
LINDSAY E GORRILL 611 E SHERMAN AVE COEUR D ALENE, ID 83814 Note: The Registered Office address must be a physical Idaho address (no postal box). (3) New Registered Agent (RA) Signature: (3) New Registered Agent (RA) Signature: (4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as about the second the second the appointment of the second						<u></u>
Services Lic One	Registered Ag	gent (RA) and Registered	Office (RO) Address:	(2) Change RA a	ind/or RO Address:	5 71
COEUR D'ALENE, ID 83814 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 of the second of the sec	-	- • • • • • • • • • • • • • • • • • • •	, ,	WBM CORI	PORATE SERVICES, L	LC D
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 a about the accepted Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. If manager/Member Name Business Address City, State, Zip Q Mgr	611 E SHERM	AN AVE		608 NORT	THWEST BLVD STE 40	2 n
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 12) above, the new agent must sign hare to accept the appointment. A) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above the seventh of the seventh of the seventh of the entity mailing address. If more space is needed, please add an attachment of the seventh of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of	COEUR D ALE	ENE, ID 83814				
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 12) above, the new agent must sign hare to accept the appointment. A) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above the seventh of the seventh of the seventh of the entity mailing address. If more space is needed, please add an attachment of the seventh of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of the entity mailing address. If more space is needed, please add an attachment of	*			COEUR D	ALENE, ID 03014	ወ
(3) New Registered Agent (RA) Signature:		Note: The Peniete	arad Office address must be a ni	weical Idaho address	(no nostal hox)	Č .
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 the secret of Changes here will not affect the entity mailing address. If more space is needed, please add an attachment of the more space		note. The negistr		BM	Corporate Services,	
4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as about these will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment have. Manager/Member Name Business Address City, State, Zip Q Mgr Mem Mgr Me	(3) New Regis	tered Agent (RA) Signatu				
These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment with manager/Member Name Business Address City, State, Zip Q Mgr Mem LINDSAY E. GORRILL 611 E. Sherman Ave. Coeur d"Alene, ID 83814 Coe			<u> </u>			O
Manager/Member Name Business Address City, State, Zip Marg Mem LINDSAY E. GORRILL 611 E. Sherman Ave. Coeur d"Alene, ID 83814 Marg Mem Hindsay Mem Mindsay Mindsay Mem Mindsay Min	(4) Limited Liabili	ity Companies: Enter names	and addresses of Managers O	R Members. Do NO	T put 'same as last year' or 'san	ne as ab b ve
Mgr Mem LINDSAY E. GORRILL 611 E. Sherman Ave. Coeur d"Alene, ID 83814						
Mgr Mem Hr Mgr Mem Mgr Mem Hr Mgr Mem Hr Mgr Mem Hr Mgr Mem Mgr Mem Hr Mgr Mem Mgr Mem Hr Mgr Mem Mgr Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr						
Mgr Mem		LINDSAY E. GORRILL	611 E. Sherma	n Ave.	Coeur d"Alene, ID 83	3814
Mgr Mem Mgr						
Mgr Mem H Mgr Mem H Mgr Mem Mgr Mg						
Mgr Mem H Mgr Mem Mgr						
Mgr Mem Mgr						
Mgr Mem Mgr Mgr Mem Mgr Mgr Mem Mgr Mgr Mem Mgr	,, p					Н
Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem Lindsay gorrill (6) Date: April 24th, 2023 (7) Type/Print Name: LINDSAY E. GORRILL (8) Title: CEO Mary Mgr Mem Mgr Mgr Mem M						
Mgr Mem Mgr Mem Lindsay gorrill (6) Date: April 24th, 2023 Mgr Mem Lindsay gorrill (7) Type/Print Name: LINDSAY E. GORRILL (8) Title: CEO Material M						
Mgr Mem Mgr Mem Mgr Mem Mgr						0
Lindsay gorrill (5) Signature: (6) Date: April 24th, 2023 (7) Type/Print Name: LINDSAY E. GORRILL (8) Title: CEO (9) Title: CEO (9) Title: CEO (1) Type/Print Name: Lindsay gorrill (8) Title: CEO (9) Title: CEO (1) Type/Print Name: Lindsay gorrill (1) Type/Print Name: Lindsay gorrill (1) Type/Print Name: Lindsay gorrill (2) Type/Print Name: Lindsay gorrill (3) Type/Print Name: Lindsay gorrill (4) Type/Print Name: Lindsay gorrill (5) Signature: Lindsay gorrill (6) Date: April 24th, 2023						- O
(7) Type/Print Name: LINDSAY E. GORRILL (8) Title: CEO (9) Date: April 24th, 2023 (1) Type/Print Name: LINDSAY E. GORRILL (1) Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.		/ . /	·///			(D
(7) Type/Print Name: LINDSAY E. GORRILL (8) Title: CEO (9) Date: April 24th, 2023 (1) Type/Print Name: LINDSAY E. GORRILL (1) Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.	Enasay gorill					8
Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.	(5) Signature:	0 0		(6) Date: A	orii 24th, 2023	<u>D</u>
Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.	(7) Type/Print Nam	e: LINDSAY E. GORRII I		(8) Title: CEO	mix	9
instructions. Legisly complete the form above. Enclose a check made payable to the folding decretary of order for 400.00.		COLUMN COLUMN DESCRIPTION OF STREET				-
Sign and date this form and return to the address provided above.				the Idaho Secretary	of State for \$30.00.	~,
	Sign and date this	form and return to the address p	rovidęd above.			О Н