



# Idaho Limited Liability Company Reinstatement Form

File online at: [sos.idaho.gov](http://sos.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: 341907

Filing Status: Inactive-Dissolved

Limited Liability Company (D)

Date Formed: 02/13/2012

Formation Locale: ID

**Name and Mailing Address:**

YOUR PEST CONTROL LLC  
15 W MAIN  
REXBURG, ID 83440

(1) Add or Change Mailing Address:

85 W COMBS RD SUITE 101-250  
SANTA VALLEY, AZ 85140

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

NO AGENT  
AGENT RESIGNED OR INVALID  
BOISE, ID 83702 (ADA)

(2) Change RA and/or RO Address:

OSCAR DANNY TOLEDO  
940 S 5TH W #1201  
REXBURG, ID 83440

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature: [Signature] MEMBER

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	OSCAR DANNY TOLEDO	940 S 5TH #1201	REXBURG, ID 83440
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	JENNIFER F. TOLEDO	940 S 5TH #1201	REXBURG, ID 83440
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(5) Signature: [Signature] MGR

(6) Date: May 7, 2019

(7) Type/Print Name: OSCAR DANNY TOLEDO

(8) Title: Manager / 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.

B0219-9016 05/13/2019 1:38 PM Received by ID Secretary of State Lawrence Denney