



## Idaho Limited Liability Company Reinstatement Form

	Idaho Limited Liability 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	Company Reinstatement F Reinstatement fee: \$30.00.	For Office Use Only  -FILED-  File #: 0005747033  Date Filed: 5/17/2024 8:52:00 AM
SOS Control N	Number: 493469 F	iling Status: Inactive-Dissolved (Administ	trative)
Limited Liability	Company (D)	Pate Formed: 02/19/2016 Forma	ation Locale: ID
		(1) Add or Change	
IONEL CONST 2112 W GARD NAMPA, ID 83 (3) New Regis	EN AVE 8651-8834	fice address must be a physical Idaho address (  If a new agent is appointed in item (2) above, the new	
4) Limited Liabili Γhese will not be	ty Companies: Enter names and ac accepted. Changes here will not af	ddresses of Managers OR Members. Do NOT fect the entity mailing address. If more space	put 'same as last year' or 'same as above is needed, please add an attachment.
Manager/Member	Name	Business Address	City, State, Zip
Mgr Mem  Mgr Mem	IONEL CONSTANTIN	(6) Date:	
(5) Signature:		/ /	3/17/2024
(7) Type/Print Nam	e: IONEZ Con	Stantin (8) Title:	ONXINER

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.