



## Idaho Limited Liability Company Reinstatement Form

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File #: 0004749990 ements 450 North 4th Street Date Filed: 5/12/2022 4:37:00 PM

|   | Reinstatement fee:             | \$30.00.  | Phone: (208) 334-2300   |
|---|--------------------------------|---|---|
| SOS Control N   | lumber: 335514                 | Filing Status: Inactive Dissolved (Adm  |   |
| SOS Control Number: 335514<br>Limited Liability Company (D)   |                                | Filing Status: Inactive-Dissolved (Administrative)  Date Formed: 12/06/2011 Formation Locale: ID  |   |
| Limited Liability   | Company (D)                    | Date Formed: 12/06/2011 Fo  | ormation Locale. 1D   |
| Name and Mai  | _                              | (1) Add or Ch   | ange Mailing Address:   |
|   | EMENTS OF GLASS L.L.C.         |   | N D I PD  |
| 3365 SHAMROCK AVE   |                                | 261   | 2 M. Redway RD.   |
| BOISE, ID 837   | 13                             | 2   | · TD 237011   |
|   |                                | Dois  | e, ID 83704   |
| Registered Ag   | ent (RA) and Registered Of     | ffice (RO) Address: (2) Change R  | A and/or RO Address:  |
| NO AGENT  |                                | , Vivi  | A lace  |
| AGENT RESIGNED OR INVALID   |                                | HYM   | nm Anderson   |
| BOISE, ID 837   | 02 (ADA)                       | 26/2  | nm Anderson<br>2 N. Redway R.D.<br>se, ID 33704   |
|   |                                | Rais  | (0 TD 827011  |
|   | Note: The Beginters            |   | 25/109  |
|   | Note: The Registered           | d Office address must be a physical Idaho addr  | ess (no postai box).  |
| (3) New Regist  | tered Agent (RA) Signature     | : Dillen  |   |
|   |                                |   |   |
|   |                                |   | new agent must sign here to accept the appointment.   |
| 4) Limited Liabilit   | accepted. Changes here will no | d addresses of Managers OR Members. Do lot affect the entity mailing address. If more sp  | NOT put 'same as last year' or 'same as above<br>pace is needed, please add an attachment.                |
| 4) Limited Liabilit<br>These will not be<br>Manager/Member  | Name                           | d addresses of Managers OR Members. Do lot affect the entity mailing address. If more sp  | NOT put 'same as last year' or 'same as above pace is needed, please add an attachment.  City, State, Zip |
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| Manager/Member  Manager/Member  Mgr Mem  Mgr Mem | Name Hyrum Anderso             | d addresses of Managers OR Members. Do lot affect the entity mailing address. If more specific to the entity mailing address. | NOT put 'same as last year' or 'same as above pace is needed, please add an attachment.  City, State, Zip |