



Idaho Limited Liability Company Reinstatement Form

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	Reinstatement fee:			2	
		<u> </u>	.	Phone: (208) 334-2300	_ !
SOS Control Number: 243039		Filing Status: Inactive-Dissolved (Administrative)			I
Limited Liability Company (D)		Date Formed: 09/12/2008 Formation Locale: ID		Locale: ID	[
Name and Mai	ling Address:	(1) Add or Change Maili	ng Address:	
	& DISTRIBUTING LLC	·	,	-	1
942B S LINCOI	LN AVE				ı
JEROME, ID 8	3338-3041				ı
				: :	
	ent (RA) and Registered Of	ffice (RO) Address:	2) Change RA and/or F	RO Address:	
JAMES SCHUC					
942B S LINCOL					
JEROME, ID 8	JJJJ				
	Note: The Registered	d Office address must be a physica	Idaho address (no p	ostal box).	
(2) Nove Dogica	orad Agant (DA) Signatura	•			
	tered Agent (RA) Signature	If a new agent is appointed in item		must sign here to accept the appointmen	
(4) Limited Liabilit	ty Companies: Enter names and accepted. Changes here will no	If a new agent is appointed in item d addresses of Managers OR Mer affect the entity mailing address	mbers. Do NOT put	'same as last year' or 'same as ab eeded, please add an attachment	ove
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