



Idaho Limited Liability Company Reinstatement Form

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Attn: Reinstatements File #: 0004872564 #50 NOTH 4th Street

Reinstatement fee: \$30.00.			L	Date Filed: 8/29/2022 3:15:00 PM Phone: (208) 334-2300	
SOS Control	Number: 4292917	Filing Status: Inactive-Dissolv	s: Inactive-Dissolved (Administrative)		
Limited Liability Company (D)		Date Formed: 05/27/2021	Formation Locale: ID		
Name and Ma Euphoria Tatto APT 104 12115 W OVE BOISE, ID 83	RLAND RD	(1)	Add or Change Maili	ng Address:	
Omar Barron		ffice (RO) Address: (2)	Change RA and/or R		
(A) 11 B 1					
4) Limited Liabil These will not be	accepted. Changes here will n	If a new agent is appointed in item (2) and addresses of Managers OR Membot affect the entity mailing address.	ers. Do NOT put	same as last year' or 'same as eeded, please add an attachm	s above
4) Limited Liabil Γhese will not be Manager/Member	ity Companies: Enter names ar accepted. Changes here will n	if a new agent is appointed in item (2) and addresses of Managers OR Membot affect the entity mailing address. Business Address	ers. Do NOT put '	same as last year' or 'same as eded, please add an attachm	s above
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(4) Limited Liabil These will not be Manager/Member Mgr	ity Companies: Enter names ar accepted. Changes here will n	If a new agent is appointed in item (2) and addresses of Managers OR Membot affect the entity mailing address. I Business Address 1215 w. Overlo	ers. Do NOT put 's f more space is ne	Same as last year' or 'same as leded, please add an attachm City, State, Zip Bosse Ed 83700	s above

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.