	Idaho Limited LiFile online at:sosbiz.idReturn completed form to:Idaho Secretary of StateAttn:Reinstatements450 North 4th StreetBoise, ID 83720Phone:(208) 334-2300	ability Company Rein aho.gov Reinstatement fee: \$		ment Form For Office Use Only -FILED- File #: 0005512783 Date Filed: 12/11/2023 11:51:00	B0853- <u>3351 12/1</u> 1/2
SOS Control Number: 213743 Filing Status: Inactive-Dissolved (Ac			(Administrative)	023	
Limited Liability Company (D)		Date Formed: 10/15/200)7	Formation Locale: ID	~~ +
			(1) Add	l or Change Mailing Address:	1:51 AM F
Registered Agent (RA) and Registered Office (RO) Address: BRYAN CHADD 2048 N FASTWATER BOISE, ID 83713				ange RA and/or RO Address:	Received b
	Note: The Reg	istered Office address must be a phy	/sical Idaho	o address (no postal box).	Ř
(3) New Reg	istered Agent (RA) Signa		item (2) abc	ove, the new agent must sign here to accept the appoi	ntmer hth

(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
Mgr Mem	Bulan (hadd	2048 V. Eastwater Ave	13013c tel 83713
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(5) Signature:	(el	(6) Date: 1	2023 ary
(7) Type/Print Nam	e: Bryon Chadd	(8) Title: ひいんく	<u>Ŗ</u>

State

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.