



Idaho Limited Liability Company Reinstatement Form

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Ath. Doingtatements
File #: 0005268262
450 Νοπη 4τη Street
Date Filed: 5/25/2023 1:54:00 PM

	Reinstatement	: Tee: \$30.00.		Phone: (208) 334-2300	
SOS Control Number: 472018		Filing Status: Inactive-Dissolved (Administrative)			
Limited Liability Company (D)		Date Formed: 08/25/29	015 Form	ation Locale: ID	
Name and Mai NATURE'S RU PO BOX 911 NAMPA, ID 83	STIC DESIGN LLC		(1) Add or Chang	e Mailing Address:	
Registered Ag KENNETH V M 602 E LOCUST NAMPA, ID 83	ΓLN	Kenne 215 R		A and/or RO Address: eth V. Maxwell N. Gelding Ct eton, ID 83644	
4) Limited Liabili	ty Companies: Enter name accepted. Changes here	If a new agent is appointed es and addresses of Managers C	OR Members. Do NC	w agent must sign here to accept the appointment. T put 'same as last year' or 'same as aboe is needed, please add an attachment.	
Manager/Member	Name	Business Addi		City, State, Zip	
Mgr ☐ Mem	Kenson	Maxwell POBox	111 though	Naviou ID 83653	
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(5) Signature:	A IUA	M	(6) Date:	5-25-23	
(7) Type/Print Nam	ie: Kenneth l	Maxwell	(8) Title:	WNES	
Instructions: Leg	gibly complete the form above	Enclose a check made payable to	o the Idaho Secretary	of State for \$30.00.	

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.