



## Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

Phone: (208) 334-2300

For Office Use Only

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File #: 0005578876

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SOS Control Number: 3303976 Filing Status: Inactive-Dissolved (Administrative)  Limited Liability Company (D) Date Formed: 10/01/2018 Formation Locale: ID  Name and Mailing Address: SIERRA PAINTING LLC  2214 VAUGHT RD  BRUNEAU, ID 83604-5064  Registered Agent (RA) and Registered Office (RO) Address:  CRMANDO SIERRA 22214 VAUGHT RD  BRUNEAU, ID 83604-5064  Note: The Registered Office address must be a physical Idaho address (no postal box).  (3) New Registered Agent (RA) Signature:  If a new agent is appointed in Sem (2) above, the new agent must sign here to accept the appointment (4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above' (1) Inches will not be accepted. Changes here will not affect the entity mailting address. If more space is needed, please add an attachment.  Manager/Member   Name   Business Address   T3214   QUGHT   BD   T37-71c.qu   1D   33 6c4    Magr   Mem   Mem						
Limited Liability Company (D)  Date Formed: 10/01/2018  Formation Locale: ID  Name and Mailing Address:  SIERRA PAINTING LLC  BRUNEAU, ID 83604-5064  Registered Agent (RA) and Registered Office (RO) Address:  CARMANDO SIERRA 28214 VAUGHT RD  BRUNEAU, ID 83604-5064  Note: The Registered Office address must be a physical Idaho address (no postal box).  (3) New Registered Agent (RA) Signature:  To a new agent is appointed in ten (2) above, the new agent must sign here to accept the appointment (4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put same as last year or same as above (1) 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  Magr Mem	SOS Control Number: 3303976		Filing Status: Inactive-Dissolved (Administrative)			N
Name and Mailing Address:  (1) Add of Change Mailing Address:  SERRA PAINTING LLC  28214 VAUGHT RD  BRUNEAU, ID 83604-5064  Registered Agent (RA) and Registered Office (RO) Address:  CARMANDO SIERRA  28214 VAUGHT RD  BRUNEAU, ID 83604-5064  Note: The Registered Office address must be a physical Idaho address (no postal box).  (3) New Registered Agent (RA) Signature:  If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment of the 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  Mor Mem Mem Mar M	Limited Liability Company (D)		Date Formed: 10/01/	2018 Form	ation Locale: ID	H
Registered Agent (RA) and Registered Office (RO) Address:  (2) Change RA and/or RO Address:  (3) Rew Registered Agent (RA) Signature:  (4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year or 'same as above' Or 'same as above' Or 'same as above' Or 'same as above' Or 'same as address. If more space is needed, please add an attachment.  Manager/Member Name Business Address City, State, Zip  Mar   Mem   Hamanda Serri; 7824 Vaught BD   Birineau ID 83 64 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SIERRA PAIN 28214 VAUGH	TING LLC IT RD		(1) Add or Change	e Mailing Address:	 4 5
Registered Agent (RA) and Registered Office (RO) Address:  (2) Change RA and/or RO Address:  (3) Change RA and/or RO Address:  (4) Change RA and/or RO Address:  (5) Change RA and/or RO Address:  (6) Date:	BRUNEAU, IL	83604-5064				Ā
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Mgr	(4) Limited Liabi	stered Agent (RA) Signa	If a new agent is appoint	ed in item (2) above, the new OR Members. Do NOT	agent must sign here to accep	of the appointment or 'same as above'. $\Omega$
Mgr	Manager/Member	Name	Business Ad	dress	City, State, Zip	<u> </u>
(5) Signature: (6) Date: 1/22/24	Mgr Mem	Homande So	28214 V	'aught RD	[37LMEQU	0 0 0 0 0 0 0 0
(7) Type/Print Name: f/mando Sierro (8) Title: pwner H	(5) Signature:	len-		(6) Date: / 25	2/24	ary
	(7) Type/Print Nar	ne: Hmanclo -	Sierro	(8) Title: <i>(1)</i> W	ner	

**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.

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