



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

To de						Idaho Secretary of State Attn: Reinstatements 450 North 4th Street
Reinstatement fee: \$30.00.					Boise, ID 83720 Phone: (208) 334-2300	
SOS Control I	Number: 167635	Filing	Filing Status: Inactive-Dissolved (Administrative)			
Limited Liability Company (D)			Date Formed: 06/23/2006 Formation Locale: ID			
				(1)	Add or Change Ma	
			AMMON ID 83406			
JAMES D HAL		ered Office (F	(O) Address:	(2)	Change RA and/or	RO Address:
1 500 MOUND AVE ADAHO FALLS, ID-88402			1373 FALCON DR #4 AMMON ID 83406			
	stered Agent (RA) Sig	jnature:	new agent is app	ointed in item (2)		nt must sign here to accept the appointment t 'same as last year' or 'same as above'
These will not be	accepted. Changes he	re will not affect	the entity mail	ing address.	f more space is r	needed, please add an attachment.
Manager/Member	Name	S 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	Business	Address		City, State, Zip
Mgr Mem Mgr Mem Mgr Mem	Alecia C	ole	3615	Regal	DR#4 2N Ave	AMMON, £0440 83406 KNOXVIVE, JN, 37919
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(5) Signature:	2	Hal		(6) [Date: 9-1	-2020
(7) Type/Print Nan	ne:James	DH	all	(8)	<u> </u>	ctor/max
Instructions: Le	gibly complete the form abo	ove. Enclose a c	heck made pava	ble to the Idah	o Secretary of Sta	ate for \$30.00.

Sign and date this form and return to the address provided above.