



## **Idaho Limited Liability Company Reinstatement Form**

## Return completed form to:

/ Z & _ X _ X _ X _ X	daho Limited Liak	oility Company Reinstate	ement Form  Return completed form to Idaho Secretary of State Attn: Reinstatements 450 North 4th Street	B0373-5577 11/
	Reinstatement fe	Boise, ID 83720 Phone: (208) 334-2300	,0 20 10 10 10 10 10 10 10 10 10 10 10 10 10	
SOS Control N	lumber: 546908 Company (D)	Filing Status: Inactive-Dissolve Date Formed: 03/29/2017	d Formation Locale: ID	2019
Name and Mai DR. SOOT CHI 208 23RD AVE NAMPA, ID 83	IMNEY SWEEP LLC	(1) A	dd or Change Mailing Address:	1:18 PM Re
Registered Ag Jeffrey M Frence 208 23RD AVE BOISE, ID 837 Nampa TO 8	: S <del>'05</del> ~	Office (RO) Address: (2) C	(2) Change RA and/or RO Address:	
	tered Agent (RA) Signatu	If a new agent is appointed in item (2) a	above, the new agent must sign here to accept the appointm	
(4) Limited Liabili These will not be	ty Companies: Enter names accepted. Changes here will	and addresses of Managers OR Membe not affect the entity mailing address. If	ers. Do NOT put 'same as last year' or 'same as a more space is needed, please add an attachmer	above n
Manager/Member	Name	Business Address	City, State, Zip	
Mgr Mem	SECT FRENCH	207 23RO ANE S		tary of S
Mgr				tate Law
(5) Signature:		(6) D	<del></del>	Lawerence
(7) Type/Print Nam	EL JEFF FRE	Net (8) T	itle: OWN/MAN	

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.