



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

File online at: sosbiz.idaho.gov

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

Return completed form to Goldaho Secretary of State Attn: Reinstatements 450 North 4th Street

Reinstatement fee: \$30.00.				Boise, ID 83720 Phone: (208) 334-2300	
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SOS Control Number: 76621 Fili		Filing Status: Inactive-Diss	olved		
Limited Liability Company (D) Date		Date Formed: 10/11/2002	Formation	Formation Locale: ID	
Name and Mai	ling Address:	<del></del>	(1) Add or Change Maili	ng Address:	
<b>ERICKSON PL</b>	UMBING, LLC.				
<b>2907 E VICTO</b> I	RY RD				22
NAMPA, ID 83	687-4920				
					PM
Registered Ag	ent (RA) and Registered Offi	ce (RO) Address:	(2) Change RA and/or R	O Address:	ਨ e
Joe R Erickson					ŭ
2907 E VICTO	RY RD				ceive
NAMPA, ID 83687					<u> </u>
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	Note: The Registered	Office address must be a physic	al Idaho address (no po	ostal box).	Ϋ́
(3) New Regist	tered Agent (RA) Signature:				н
		If a new agent is appointed in item	1 (2) above, the new agent	must sign here to accept the appoir	ntmei
(4) Limited Liabili These will not be	ty Companies: Enter names and accepted. Changes here will not	addresses of Managers OR Me affect the entity mailing addres	embers. Do NOT put s. If more space is no	same as last year' or 'same a eeded, please add an attachm	is ab <b>ta</b> ve'. nent. <b>©</b>
Manager/Member	Name	Business Address		City, State, Zip	ij
Mgr Mem	JEE R Enselson	1 2707 E VIC	TORY RD	NAMOR ID 83	(42)
Mgr ⊠Mem	JESSIE EVICKSON	2907 EVIC	and vot	KINNEY ID 8	300
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(5) Signature:			(6) Date: 7 2 C	121	<u> </u>
(7) Type/Print Nam	e: Too 1 Foo	cksial	(8) Title: バハトル	r	Lawerenc
(1) 1)F-11 1111 11111	e JUE KERT	-1/-7(1 tr)	(-)	14-017	W.
Instructions: Leg	gibly complete the form above. Enclo	se a check made payable to the	daho Secretary of Stat	e for \$30.00.	н