



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

-FILED-

File #: 0005903945

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SOS Control Number: 4857002

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 08/11/2022

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

O TRIPLE R, LLC
PO BOX 10
IDAHO CITY, ID 83631-0010

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

Todd A. Rossman
5660 E FRANKLIN ROAD SUITE 220
NAMPA, ID 83687

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.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. 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	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Brent Robertson	9 Lodge Pole Lane	Idaho City ID 83631
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Shelly Hefington	9 Lodge Pole Lane	Idaho City ID 83631
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Brent Robertson

(6) Date:

9-15-24

(7) Type/Print Name:

Brent Robertson

(8) Title:

Manager/member

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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