



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only

Re: **-FILED-** 1 form to:

Id: _____ State

File #: 0005028457 statements

Date Filed: 12/12/2022 10:59:00 AM

Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 4326966

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 06/21/2021

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

Holly's Personal Caregiving Services LLC
1940 NW 13TH ST
MERIDIAN, ID 83646-3619

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

(2) Change RA and/or RO Address:

HOLLY MCCLURE
1940 NW 13TH ST
MERIDIAN, ID 83646

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	Holly L. McClure	1940 NW 13th Ave	Mer. ID 83646
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature:

Holly L. McClure

(6) Date:

12/8/22

(7) Type/Print Name:

Holly L. McClure

(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.

B0758-1267 12/12/2022 10:59 AM Received by Office of the Idaho Secretary of State