



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

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

For Office Use Only

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SOS Control Number: 3753769		Filing Status: Inactive-Dissolved (Administrative)			12.4
Limited Liability	y Company (D)	Date Formed: 01/24/20	20 Formati	ormation Locale: ID	
Name and Mailing Address: C&C Word Factory, LLC 3651 S VINTAGE WAY		(1) Add or Change Mailing Address:		:47 PM	
BOISE, ID 83	706-5448				M Re
Registered Ag Colleen B. Cro 3651 S VINTA BOISE, ID 83	GE WAY	Office (RO) Address:	(RO) Address: (2) Change RA and/or RO Address:		ceived
(3) New Regis	Note: The Register		,	p postal box). The property of the second t	
These will not be	e accepted. Changes here will	not affect the entity mailing ac	Idress. If more space is	ut 'same as last year' or 'same as needed, please add an attachme	ab ® ve'. nt. o
Manager/Member Mgr Mem	J	Business Addr		City, State, Zip	
∭Mgr	NICHOLAS COLLIE		NTAGE WAY	BOISC, 10 83706 BOISC, 10 83706	<u>t</u>
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(5) Signature: (6) Date: 5-8-24 (7) Type/Print Name: NICHOCAS COCCIAS (8) Title: MANAGEN					0 H
Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.					Ω t