



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

B0219-7650

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

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	Reinstatement	Boise, ID 83720 Phone: (208) 334-2300		
SOS Control I	Number: 483237	Filing Status: Inactive-Dissolved		
Limited Liability Company (D)		Date Formed: 12/03/2015	Formation Locale: ID	
		(1) Add	or Change Mailing Address:	TI CO AM
CRISTINA MIC 2810 N MCKIN BOISE, ID 837 (3) New Regis 4) Limited Liabili	Note: The Regis tered Agent (RA) Signal ity Companies: Enter name	stered Office address must be a physical Idaho ture: If a new agent is appointed in item (2) aboves s and addresses of Managers OR Members	ive, the new agent must sign here to accept the appointment. Do NOT put 'same as last year' or 'same as abov	70 0 1 4 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
These will not be Manager/Member	Accepted. Changes here w	ill not affect the entity mailing address. If m Business Address	ore space is needed, please add an attachment. City, State, Zip	
Mgr Mem	Cristing Skeers			
Mgr \ Mem	Kristoffer Skee	CS 2810 N MCKINILLY	45t Boise, IO 85704	
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Mgr Mem				\dashv
Mgr Merry (5) Signature:		(6) Date	: 5/1/19	! !
(7) Type/Print Nam	ie: Cristina Sl	COLYS (8) Title	: Ouner	
Instructions: Leg	gibly complete the form above.	Enclose a check made payable to the Idaho S	ecretary of State for \$30.00.	

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