



## 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

B0930-4626

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Date Filed: 9/16/2024 11:46:00 AM

SOS Control Number: 55984		Filing Status: Inactive-Dissolved (Administrative)				24
Limited Liability	y Company (D)	Date Formed: 12/28/2000 Formation Locale: ID			Locale: ID	
		(1) Add or Change Mailing Address:				11:46 AM
-		fice (RO) Addre	ess: (2) Ct	nange RA and/or R0	O Address:	Received
(3) New Regis	Note: The Registered				stal box).  must sign here to accept the	The appointment
	ity Companies: Enter names and accepted. Changes here will no	d addresses of Ma	nagers OR Member	rs. Do NOT put 's	ame as last year' or '	same as ab <b>e</b> ye'.
Manager/Member	Name		ss Address	J	City, State, Zip <sub>∧</sub>	~~~ <u>9</u>
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Instructions: Le	gibly complete the form above. Enclo	ose a check made	payable to the Idaho	Secretary of State	for \$30.00.	