



## Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

For Office Use Only
-FILED-

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State

Return completed form to: Idaho Secretary of State

Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300 File #: 0006146259

Date Filed: 2/25/2025 10:32:00 AM

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SOS Control I	Number: 3570895	Filing Status: Inactive-Dissolve	ed (Administrative)	2 2 5
Limited Liability Company (D)		Date Formed: 07/16/2019	Formation Locale:	<del></del> -
Name and Mailing Address: Gi Jane Handy Woman Services LLC 4398 S FALCONREST WAY BOISE, ID 83716-6673		(1) Add or Change Mailing Address:		
				조 
Registered Agent (RA) and Registered Office (RO) Address:  Keeley Wilson 4398 SOUTH FALCONREST WAY  BOISE, ID 83716				
(3) New Regis	Note: The Registere	d Office address must be a physical Ida : If a new agent is appointed in item (2) a	$\sim$	9
(4) Limited Liabil These will not be	ity Companies: Enter names an accepted. Changes here will no	d addresses of Managers OR Member ot affect the entity mailing address. If	ers. Do NOT put 'same as I more space is needed, ple	ast year' or 'same as at pove'. ase add an attachmen
Manager/Member	Name	Business Address	City, S	tate, Zip O
Mgr Mem	Keeley Wilson	4398 3 Falcense		the Idaho Secreta
(5) Signature: (7) Type/Print Nam	re: Skeyley wilco	(6) D. (8) Ti	3	<del>2</del>
				Fig.

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.