



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:
Idaho Secretary of State
Attn: Reinstatements
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 310063

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 02/04/2011

Formation Locale: ID

Name and Mailing Address:

NOT SEW PERFECT LLC

2634 W LEROY CT

MERIDIAN, ID 83642

(1) Add or Change Mailing Address:

826 W 4th St
Kuna ID 83634

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

GIGI STORCK

2634 W LEROY CT

MERIDIAN, ID 83642

(2) Change RA and/or RO Address:

826 W 4th St
Kuna ID 83634

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 type="checkbox"/> Mem	Gigi Storck	826 W 4th St	Kuna ID 83634
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Gigi Storck

(6) Date:

7-26-21

(7) Type/Print Name:

GIGI STORCK

(8) Title:

OWNER/MANAGER

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.

B0626-0798 07/27/2021 2:18 PM Received by ID Secretary of State Lawrence Denney