



# Idaho Limited Liability Company Reinstatement Form

For Office Use Only

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)

Re **-FILED-** d form to:  
Id. State

File #: 0004650886 atements

150 North 4th Street  
Date Filed: 2/18/2022 10:07:00 AM  
Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 435754

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 10/07/2014

Formation Locale: ID

### Name and Mailing Address:

(1) Add or Change Mailing Address:

MODERN PSYCHOTHERAPY SERVICES LLC  
4875 W ATHENS CT  
EAGLE, ID 83616-5138

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

(2) Change RA and/or RO Address:

DIANA LINCOLN-HAYE  
4875 W ATHENS CT  
EAGLE, ID 83616

Note: The Registered Office address must be a physical Idaho address (no postal box).

### (3) New Registered Agent (RA) Signature:

*Diana Lincoln-Haye*  
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	<i>Diana Lincoln-Haye</i>	<i>4875 W Athens Ct</i>	<i>Eagle Id. 83616</i>
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature:

*Diana Lincoln-Haye*

(6) Date:

*1-30-22*

(7) Type/Print Name:

*Diana Lincoln-Haye*

(8) Title:

*Pres. / Mgr.*

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.

B0671-7449 02/18/2022 10:07 AM Received by ID Secretary of State Lawrence Denney