



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only
Return completed form to:
Idaho **-FILED-** State

Attn: Reinstatements
File #: 0005171198
450 North 4th Street
Date Filed: 3/22/2023 4:31:00 PM

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 568784
Limited Liability Company (D)

Filing Status: Inactive-Dissolved (Administrative)
Date Formed: 08/28/2017 Formation Locale: ID

Name and Mailing Address:
L&K FARMS LIMOUSIN LLC
PO BOX 176
PARMA, ID 83660-0176

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:
KEVIN OLINGER
2170 HWY 95
PARMA, ID 83660

(2) Change RA and/or RO Address:

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	KEVIN OLINGER	P.O. BOX 176 PARMA	PARMA ID. 83660
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	LANA OLINGER	Same	Same
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	KOLE OLINGER		
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	KODY OLINGER		
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	KRIS OLINGER		
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	KENNEDY OLINGER	Same	Same
<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:

(6) Date:

3/22/23

(7) Type/Print Name:

KEVIN L. OLINGER

(8) Title:

owner

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.

B0788-0455 03/22/2023 4:31 PM Received by Office of the Idaho Secretary of State