



Idaho Limited Liability Company Reinstatement Form

For Office Use Only

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

-FILED-

File #: 0005812455

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Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 01/26/2022

Formation Locale: ID

Name and Mailing Address:

Therapy V.I.P., LLC

PO BOX 947

HAYDEN, ID 83835-0947

(1) Add or Change Mailing Address:

THE RAPY V.I.P., LLC
827 W. PRAIRIE AVE
HAYDEN, ID
83835

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

UNITED STATES CORPORATION AGENTS INC

800 W MAIN ST STE 1460

BOISE, ID 83702

(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
☐ Mgr ☒ Mem	Kim Kohler	827 W PRAIRIE AVE	HAYDEN, ID 83835
☐ Mgr ☐ Mem			
☐ Mgr ☒ Mem	JUSTIN HUGHES	827 W PRAIRIE AVE	HAYDEN, ID 83835
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☐ Mgr ☐ Mem			

(5) Signature: Catherine M. Strigotte

(6) Date: 6/7/24

(7) Type/Print Name: CATHERINE M. STRIGOTTE

(8) Title: OWNER / CEO

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.

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