



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only

Return **-FILED-** to:

File #: 0004951242 of State

Attn: Reinstatement
Date Filed: 10/11/2022 10:51:00 AM
400 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 4322392

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 06/22/2021

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

US TO YOU, LLC
1956 W LAKE POINTE CT
NAMPA, ID 83651-1421

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

(2) Change RA and/or RO Address:

FAUSTIN NJILAYI
1956 W LAKE POINTE CT
NAMPA, ID 83651

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	FAUSTIN NJILAYI	1956 W LAKE POINTE CT	NAMPA, ID 83651
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

[Signature]

(6) Date:

10/07/2022

(7) Type/Print Name:

FAUSTIN NJILAYI

(8) Title:

OWNER 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.

B0736-4135 10/11/2022 10:51 AM Received by Office of the Idaho Secretary of State