



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements

	Reinstatement fe		450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300		
SOS Control Number: 43119 Limited Liability Company (D)		Filing Status: Inactive-Di	ng Status: Inactive-Dissolved (Administrative) te Formed: 07/16/1999 Formation Locale: ID		
Name and Mai GEIDL ENTER	ling Address: PRISES, LLC	Date Follied. Office 1998	(1) Add or Change Malling Address:		
294 BASHAW I OROFINO, ID					
Registered Agent (RA) and Registered Office (RO) Address: RAYMOND D GEIDL 294 BASHAW RD OROFINO, ID 83544					
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 Addres		City, State, Zip	
ØMgr ☐Mem ØMgr ☐Mem	RAYMOND D GI	FIDL 294 Basha		Orofino, 10 83544	
Mgr Mem	VERNE A GEI	DL P.O. BOX	L7 7	TROY 10 83871	
MgrMem MgrMem					
Mgr Mem					
Mgr Mem					
MgrMem MgrMem					
Mgr Mem					
Mgr Mem					
(5) Signature: (6) Date: December 7 2020					
(5) Signature: (6) Date: December 7, 2020 (7) Type/Print Name: Raymond D Geidl (8) Title: Wanager					
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.