



## **Idaho Limited Liability Company Reinstatement Form**

File online at: sosbiz.idaho.gov

## Return completed form to:

Idaho Secretary of State Attn: Reinstatements

			<u></u>	450 North 4th Street
Reinstatement fee: \$30.00.			Boise, ID 83720 Phone: (208) 334-2300	
		Filip Otation In action Dia		<del></del>
SOS Control Number: 417642		Filing Status: Inactive-Dissolved (Administrative)  Date Formed: 04/17/2014 Formation Locale: ID		
Limited Liability Company (D)		Date Formed: 04/17/2014		
Name and Mailing Address:		(1) Add or Change Mailing Address:		
CALDERA ENTERPRISES, LLC		Caldera Enterprises, LLC		
ISLAND PARK ID 83429 0376		PO. 1006		
		Salem, UT 84653		
Registered Agent (RA) and Registered Office WATSON LEGRAND ELLISON 3505 N PINEHAVEN DR ISLAND PARK, ID 83429		ice (RO) Address:  (2) Change RA and/or RO Address:  Workson LeGrand Ellison  Por Legrand Story  Tsland Pa		
IOLAND I ANN	, ID 00429		Sale to	I Island Pa
	Note: The Registere	d Office address must be a physic	cai idano address (no po	stai box).
(3) New Regist	tered Agent (RA) Signature		m (2) shows the new scent	must sign here to accept the appointme
		d addresses of Managers OR M	lembers. Do NOT put 's	same as last year' or 'same as al eded, please add an attachment
Manager/Member	Name	Business Address		City, State, Zip
Mgr Mem	Le Grand Ellsson	3505 N Y	Inchaver Dr	Island Vark, ID
MgrMem				B34'29
MgrMem MgrMem				
Mgr	· · · · · · · · · · · · · · · · · · ·			
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Mgr Mem				
Mgr Mem				
(5) Signature:	V. LS/G	h'	(6) Date: 7-19-	2/
(7) Type/Print Nam	e. W. LeGran	d EllIson	(8) Title: Ewne	-/mer
Instructions: Leg	gibly complete the form above. Enc	lose 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.