



Idaho Limited Liability Company Reinstatement Form

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 For Office Use Only

-FILED-

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SOS Control Number: 215355		Filing Status: Inactive-Dissolved (Administrative)			124
Limited Liability Company (D)		Date Formed: 11/01/	2007 Forr	nation Locale: ID	ω
Name and Mai H2K LLC 5050 N MIGUE MERIDIAN, ID	EL AVE		(1) Add or Change Mailing Address:		
WEI (10), W, 10					PM Re
Registered Ag STEVE KOHN STEVE W KOH 5050 N MIGUE MERIDIAN, ID	TOPP HNTOPP EL AVE	ed Office (RO) Address:	(2) Change RA a	and/or RO Address:	ceived by
(4) Limited Liabili	tered Agent (RA) Signa	If a new agent is appointed and addresses of Managers	ed in item (2) above, the ne	w agent must sign here to accept the agent put 'same as last year' or 'same is needed, please add an attac	opointment P:
Manager/Member	Name	Business Add	•	City, State, Zip	O H
Mgr Mem Mgr Mem	Stevetor	tn Topp 10461	BlueLARES	Blild TWINFALE, ID	the Idaho Secr
Mgr Mem		1 4			etary
(5) Signature:	teve Koh	nlopp	(6) Date: 3	112/2024	
(7) Type/Print Nam	ne: StEVE Koi	HNTOPP	(8) Title: // /	WABER	
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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.