



Idaho Limited Liability Company Reinstatement Form

| FILE O | | ty Company Reinstatement Form For Office Use Only | |
|---|--|--|---|
| Retur | nline at: sosbiz.idaho.go n completed form to: | Reinstatement fee: \$30.00. | -FILED- |
| Idaho | Secretary of State | | File #: 0005406153 |
| | Reinstatements North 4th Street | | Date Filed: 9/14/2023 3:24:00 PM |
| | e, ID 83720 | | Butter 11104. 671 172020 012 1100 1 111 |
| Phon | e: (208) 334-2300 | | |
| OS Control Numb | per: 4225192 | Filing Status: Inactive-Dissolved (Admin | nistrative) |
| Limited Liability Company (D) | | Date Formed: 04/07/2021 Formation Locale: ID | |
| Name and Mailing | Address: | (1) Add or shan | geMailing Address: |
| 343 Blue Sky LLC ROCHELLE | | • | Shields Ave |
| 10400 W OVERLAND RD # 249 | | | |
| BOISE, ID 83709-1 | 433 | Boise | C ID 83714 |
| | | | |
| Registered Agent (RB CONSULTING, | (RA) and Registered Offic | ce (RO) Address: (2) Change RA a | and/or RO Address: |
| 13220 W FERNLEA | | | . 1/ 1/1 |
| BOISE, ID 83713 | | 1581 V | Nhipoorwill Way |
| | | 120.60 | Nhipoorwill Way |
| | Note: The Registered C | Office address must be a physical Idaho addres | |
| 2) Now Domintons | _ | mes address mast be a physical faune address | s (no postal box). |
| 3) New Registered | I Agent (RA) Signature:_ | If a new agent is appointed in item (2) above, the ne | ew agent must sign here to accept the appointment |
| 1) Limited Liability Co hese will not be acce | mpanies: Enter names and a pted. Changes here will not a | addresses of Managers OR Members. Do NC affect the entity mailing address. If more space | OT put 'same as last year' or 'same as abo ce is needed, please add an attachment. |
| Manager/Member Nag | ne / , , | Business Address | City, State, Zip |
| Mgr ☐ Mem | Lyay Now HC | 1581 Wh. DOONW, 114 | Vay Base ID 83709 |
| Mgr Mem Mgr Mem | LIS Consulting | fre 1501 My OUW II N | My 130,50 IV 1300, |
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| Mgr Mem | | 1.0/0, K (6) Data: 9 | -111 23 |
| Mgr Mem | chele for | (6) Date: 9 (8) Title: 1/2 | 1-14-23 |