



## 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

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File #: 0006027892

Date Filed: 12/10/2024 2:20:00 PM

SOS Control Number: 3716216		Filing Status: Inactive-Dissolved (Administrative)			024
Limited Liability Company (D)		Date Formed: 12/27/2019	Formatio	n Locale: ID	
			1) Add or Change Ma	iling Address:	<del></del>
Name and Mailing Address: A Natural Clean, LLC		(	1) Add of Change Ma	ming Address.	N
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11303 W PUERTA CT BOISE, ID 83709-3879					PM
BOISE, ID 63	109-3019				Z
					Re
Registered Ad	gent (RA) and Registered	Office (RO) Address:	2) Change RA and/or	RO Address:	O O
STEVE ZORIC		` ,			H.
11303 W PUERTA CT					ive
BOISE, ID 83	709				č
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	Note: The Regist	ered Office address must be a physica	I Idaho address (no	postal box).	0
(3) New Regis	stered Agent (RA) Signatı	ıre:			Of:
(0)		If a new agent is appointed in item	(2) above, the new age	nt must sign here to accept the appoin	tment.
(4) Limited Liabil	ity Companies: Enter names	and addresses of Managers OR Mei	mbers Do NOT nu	t 'same as last year' or 'same a	Ω s ahoπe'
		Il not affect the entity mailing address			ent.
Manager/Member Name		Business Address	Business Address		- <del>0</del>
Mgr Mem					ct
Mgr Mem	STEVE ZORICH	11303 WEST PU	ERTA CT	BUISE, IA 53109	<del>-</del>
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	A-EM		6) Date: 1:2 /	2/2-2-1/	- e
Mgr Mem (5) Signature:	J.M.		6) Date: /2//	7/2,124	cretary
	DEM ZVAILLE		6) Date: /2/10 8) Title: Mayor	7/21/24 GKA	- e

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.