



Idaho Limited Liability Company Reinstatement Form

Return completed form to:

File onlin	ne at: sosbiz.idaho.gov Reinstatement fee: \$3			Return completed form to Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300
SOS Control Number:		Filing Status: Inactive-Dissolve	•	•
Limited Liability Compa	ny (D)	Date Formed: 10/26/2016	Formatio	n Locale: ID
CV2 INVESTMENT PR 5078 WILDRYE DR BOISE, ID 83703	·			
• •) and Registered Offic	e (RO) Address: (2) C	hange RA and/or	RO Address:
CHARLES D VINCEN 5078 WILDRYE DR BOISE, ID 83703 (3) New Registered Ag 4) Limited Liability Compa	Note: The Registered Of gent (RA) Signature:	ffice address must be a physical Ida If a new agent is appointed in item (2) a ddresses of Managers OR Membe	ho address (no bove, the new age rs. Do NOT pu	postal box). Int must sign here to accept the appointment to accept the appointment to accept the appointment.
CHARLES D VINCEN 5078 WILDRYE DR BOISE, ID 83703 (3) New Registered Ag 4) Limited Liability Compa hese will not be accepted	Note: The Registered Of gent (RA) Signature:	ffice address must be a physical Ida If a new agent is appointed in item (2) a ddresses of Managers OR Membe ffect the entity mailing address. If	ho address (no bove, the new age rs. Do NOT pu	postal box). Int must sign here to accept the appointment same as last year or 'same as al needed, please add an attachment
CHARLES D VINCEN 5078 WILDRYE DR 30ISE, ID 83703 3) New Registered Ag 4) Limited Liability Compa hese will not be accepted Manager/Member Name Mgr	Note: The Registered Of gent (RA) Signature:	ffice address must be a physical Ida If a new agent is appointed in item (2) a ddresses of Managers OR Membe ffect the entity mailing address. If Business Address	ho address (no bove, the new age rs. Do NOT pu more space is	postal box). Int must sign here to accept the appointment to accept the appointment to accept the appointment.
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CHARLES D VINCEN 1078 WILDRYE DR 1080 SOISE, ID 83703 119 Limited Liability Companies will not be accepted lanager/Member Name 119 Mgr	Note: The Registered Of gent (RA) Signature:anies: Enter names and and the control of the	ffice address must be a physical Ida If a new agent is appointed in item (2) a ddresses of Managers OR Membe ffect the entity mailing address. If Business Address	ho address (no bove, the new age rs. Do NOT pu more space is	postal box). Int must sign here to accept the appointment same as last year or same as al needed, please add an attachment City, State, Zip
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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.