



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

Sign and date this form and return to the address provided above.

or C	ffice	Use	Only
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File #: 0005970567

Date Filed: 11/4/2024 10:46:00 AM

SOS Control Number: 508447 Limited Liability Company (D)		Filing Status: Inactive-Dissolved (Administrative)			24
		re Formed: 06/08/2016 Formation Locale: ID		_ocale: ID	14
Name and Mai ORCHARD RA PO BOX 396 BOISE, ID 837	NCH ROAD LLC	(1) Add or Change Mailin	g Address:	0:46 AM I
Registered Ag STEVE C SWA 4208 EDGEMO BOISE, ID 837	ONT ST 706	e (RO) Address: (2) Change RA and/or RO		Received by (
(3) New Regist	tered Agent (RA) Signature:_	If a new agent is appointed in item	(2) above, the new agent i	nust sign here to accept the a	O Hh appointment
	ty Companies: Enter names and a accepted. Changes here will not a Name				
Mgr Mem	STEVE C. SWAN,	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	M - 17 SE	BRISE FO	0776
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(5) Signature:	Str. C Sur		(6) Date: 1/	4/24	tary
(7) Type/Print Nam	ne: STEVE C.	5WANSON	(8) Title: MGA	,	0
Instructions: 1 o	gibly complete the form above. Enclose	se a check made payable to the i	daho Secretary of State	for \$30.00	Hh