



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

	Reinstatement		Boise, ID 83720 Phone: (208) 334-2300	01/	
SOS Control Number: 174362 F		Filing Status: Inactive-D	ling Status: Inactive-Dissolved (Administrative)		
Limited Liability Company (D)		Date Formed: 09/11/2006 Formation Locale: ID		Locale: ID	21
Name and Ma A.M.R. REAL E PO BOX 1773 FOLSOM, CA	ESTATE LLC		(1) Add or Change Mailing Address:		
Registered Agent (RA) and Registered Office (RO) Address: DON JOHNSON 750 PROGESS AVE #110 MERIDIAN, ID 83642 Note: The Registered Office address must be a physical Idaho address (no postal box).					Received by
	tered Agent (RA) Signa	If a new agent is appointed in	_	t must sign here to accept the appo	Ø
		es and addresses of Managers OR will not affect the entity mailing add			
Manager/Member	Name	Business Addres		City, State, Zip	<u>o</u>
Mgr Mem	A	hidi Pio. Box	773 Km	Folsom, LA 95	763
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(5) Signature:	Jun	3	(6) Date: 2/25	121	Je Tet
(7) Type/Print Nam	ne: Masond	Rashel	(8) Title:	·/mex	G
	gibly complete the form above. s form and return to the addres	Enclose a check made payable to t	he Idaho Secretary of Stat	te for \$30.00!	Den