	Idaho Limited Liabilit File online at: sosbiz.idaho.go Return completed form to: Idaho Secretary of State Attn: Reinstatements	ty Company Reinstatement F	For Office Use Only
	450 North 4th Street Boise, ID 83720		File #: 0005656786
	Phone: (208) 334-2300		1 2 0
SOS Control Number: 3601629 Filing Status: Inactive-Dissolved (Administrative)			trative) N
Limited Liability Company (D) Da		Date Formed: 08/21/2019 Formation Locale: ID	
Name and Mailing Address: (1) Add or Change Mailing Address:			Mailing Address: N
		ACTIVE AND MODILE REPAIR TOWER LLC. 1303 W NEWPORT DR	
1303 W NEWPORT DR MERIDIAN, ID 83646-1438			SOSW NEWYORI DK.
1303 W NEWPORT DR LLC. 1303 W NEWPORT DR   MERIDIAN, ID 83646-1438 MERIDIAN JD 83645   Registered Agent (RA) and Registered Office (RO) Address:   MACARIO CORONADO 1303 W NEWPORT DR   MERIDIAN, ID 83646 MERIDIAN, ID 83646			
	<u> </u>		<u></u>
	gent (RA) and Registered Offic	ce (RO) Address: (2) Change RA and	d/or RO Address: LISA Covour
MACARIO CO 1303 W NEW			
MERIDIAN, ID 83646			< e
		<u> </u>	
	Note: The Desistand (		T S S S S S S S S S S S S S S S S S S S
		Office address must be a physical Idaho address (	no postal box).
(3) New Regis	tered Agent (RA) Signature:	If a new agent is appointed in item (2) above, the new	Ĥ
(4) Limited Liabil	ity Companies: Enter names and a	addresses of Managers OR Members. Do NOT	
These will not be	accepted. Changes here will not a	affect the entity mailing address. If more space	is needed, please add an attachment.
Manager/Member	Name	Business Address	City, State, Zip
Mgr Mem	LISH Coronella		MERIDIAN ID B36
Mgr Mem	Marceno Caloricolo	1303 UNNEWFORT	MERIDIAN FP 8364
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(5) Signature: 🗙	MIL VIALLE	(6) Date: 7 () 3	3/04/20224
(7) Type/Print Nan	ne: LISA Colone,	(8) Title: 1/1	(
	LIJA COLONE		<u>0</u>

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.

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