







## STATE OF IDAHO Office of the secretary of state, Phil McGrane REINSTATEMENT ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$30.00 For Office Use Only

-FILED-

File #: 0006158611

Date Filed: 3/13/2025 12:28:33 AM

| Reinstatement Annual Report Form  |                        |                                      |   |  |
|---|------------------------|--------------------------------------|---|--|
| Select one: Standard, Expedited or Same Day Service (see descriptions below)      |                        | Standard (filing fee \$30)           |   |  |
| Current Entity Name   |                        | CELLMAX LLC                          |   |  |
| The file number of this entity on the records of the Idaho Secretary of State is: |                        | 0004060588                           |   |  |
| Organized under the laws of:  |                        | IDAHO                                |   |  |
| Entity Type:  |                        | Limited Liability Company (D)        |   |  |
| Entity Subtype: Limited Liability Company Subtype                                 |                        | Limited Liability Company            |   |  |
| Limited Liability Company Name: Limited Liability Company name                    |                        | CELLMAX LLC                          |   |  |
| The registered agent on record is:  |                        |                                      |   |  |
| Registered Agent  |                        |                                      | REGISTERED AGENTS INC Commercial Registered Agent |  |
|   |                        | Physical Address                     |   |  |
|   |                        | 784 S CLEARWATER LOOP STE R          |   |  |
|   |                        | POST FALLS, ID 83854 Mailing Address |   |  |
|   |                        | 784 S CLEARWATER LOOP STE R          |   |  |
|   |                        | POST FALLS, ID 83854                 |   |  |
| Agent or Address Change?  |                        |                                      |   |  |
| Appoint new agent (address change not available).                                 |                        |                                      |   |  |
| The mailing address of the entity is:   |                        |                                      |   |  |
| 6667 N GLENWOOD ST  |                        |                                      |   |  |
| STE 112<br>BOISE, ID 83714-5128   |                        |                                      |   |  |
|   |                        |                                      |   |  |
| The physical address of the entity is: 6667 N GLENWOOD ST                         |                        |                                      |   |  |
| STE 112   |                        |                                      |   |  |
| BOISE, ID 83714-5128  |                        |                                      |   |  |
| Limited Liability Company Managers and  | Members                |                                      |   |  |
| Name  | Title                  |                                      | Address   |  |
| + yusuf tabrizi   | Managing Member        |                                      | 6667 N GLENWOOD                                   |  |
|   |                        |                                      | 112   |  |
|   |                        |                                      | GARDEN CITY, ID 83714                             |  |
| The Application for Reinstatement must be   | e signed by a governor |                                      |   |  |
| Title:  |                        |                                      | managing member                                   |  |
| yusuf tabrizi   |                        |                                      | 03/13/2025  |  |
| Sign Here   |                        |                                      | Date  |  |

