



## **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 fee: \$30.00.			Boise, ID 83720 Phone: (208) 334-2300
SOS Control Number: 124817		Filing Status: Inactive-Dissolved (Administrative)	
Limited Liability	Company (D)	Date Formed: 03/08/2005	Formation Locale: ID
Name and Mai IDAHO COMPO 485 S LINDER MERIDIAN, ID	ONENT SPECIALTIES LLC RD	(1) A	dd or Change Mailing Address:
Registered Ag CRAIG RIGBY 485 S LINDER MERIDIAN, ID		ice (RO) Address: (2) C	change RA and/or RO Address:
(4) Limited Liabili These will not be	tered Agent (RA) Signature: ty Companies: Enter names and accepted. Changes here will no	If a new agent is appointed in item (2) and addresses of Managers OR Members affect the entity mailing address. If	ers. Do NOT put 'same as last year' or 'same as abo more space is needed, please add an attachment.
Manager/Member	Name	Business Address	City, State, Zip
Mgr ☐ Mem  Mgr ☐ Mem	CRAIG RKHARD PKID	1 485 S. LINDER	2D MERIDIAN D 83645
MgrMem ☐Mgr ☐Mem			
Mgr			
Mgr			
Mgr		-	
MgrMem			
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Mgr Mem	<u>-</u>		
(5) Signature:	CARR	(6) D	ate: 7-23-262 (
(7) Type/Print Nam	e: CEAK 8, ZIGBY	T (8)	itle: MANACING MEMBER

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.