



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

For Office Use Only

-FILED-

File #: 0006084709

Date Filed: 1/16/2025 8:29:00 AM

SOS Control Number: 5304783

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 07/05/2023

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

WICJJC LLC
4620 W MASON DR
BOISE, ID 83706-1842

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

Wayne Clay
4620 W MASON DR
BOISE, ID 83706

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature: _____

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	WAYNE CLAY	4620 W. MASON DR.	BOISE ID 83706
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	JANE CLAY	4620 W. MASON DR	BOISE ID 83706
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	MEGAN YARNELL	4620 W. MASON DR.	BOISE ID 83706
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Wayne I. Clay

(6) Date: Jan. 16, 2025

(7) Type/Print Name: WAYNE I. CLAY

(8) Title: MANAGER

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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