



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 #: 0005738729

Date Filed: 5/7/2024 11:14:00 AM

SOS Control Number: 4144733		Filing Status: Inactive-Dissolved (Administrative)		
Limited Liability	Company (D)	ate Formed: 01/27/2021	Formation	Locale: ID
Name and Mailing Address:		(1	1) Add or Change Mailir	ng Address:
ROSE-PINE LL	.C			
842 REDTAIL I				
SANDPOINT, I	D 83864-6638			
RANDALL J RO		e (RO) Address: (2	2) Change RA and/or R	O Address:
842 REDTAIL I SANDPOINT, I				
SANDPOINT, I	D 03004			
	Note: The Registered Of	fice address must be a physical	Idaho address (no po	ostal box).
(3) New Regist	tered Agent (RA) Signature:			
(3) New Regis	tered Agent (RA) Signature:	If a new agent is appointed in item ((2) above, the new agent	must sign here to accept the appointmen
(4) Limited Liabili	ty Companies: Enter names and ac	ddresses of Managers OR Men	mbers. Do NOT put 's	same as last year' or 'same as ab
(4) Limited Liabili These will not be	ty Companies: Enter names and ac accepted. Changes here will not af	ddresses of Managers OR Men fect the entity mailing address.	mbers. Do NOT put 's	same as last year' or 'same as ab eded, please add an attachment.
4) Limited Liabili These will not be Manager/Member	ty Companies: Enter names and ac accepted. Changes here will not af	ddresses of Managers OR Men fect the entity mailing address. Business Address	mbers. Do NOT put 's . If more space is ne	same as last year' or 'same as ab eded, please add an attachment. City, State, Zip
4) Limited Liabili These will not be Manager/Member Mgr Mem	ty Companies: Enter names and accepted. Changes here will not af Name Randal J. Roseem	ddresses of Managers OR Men fect the entity mailing address. Business Address NS Y42 Red at 1	mbers. Do NOT put 's . If more space is ne 'fawk	same as last year' or 'same as ab eded, please add an attachment. City, State, Zip Sand Doint Th 73864
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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.