



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

2

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

Reinstatement fee: \$30.00.			Boise, ID 83720 Phone: (208) 334-2300	
SOS Control	Number: 605773	Filing Status: Inactive-Dissolve	od .	1/2
Limited Liability	y Company (D)	Date Formed: 04/23/2018	Formation Locale: ID	2
Name and Mailing Address: (1) Add or Change Mailing Address:				9
	ION SITE MANAGEMENT L.L.	С		
9932 W. SKYC				 22
BOISE, ID 837	704			00
,				AM
-	gent (RA) and Registered Offi	ice (RO) Address: (2) C	hange RA and/or RO Address:	₽ e
AARON L MAY				Ω
9932 W. SKYC				e P
BOISE, ID 837	I VT			ίVε
				Ф Ф
	Note: The Registered	Office address must be a physical Ida	ho address (no postal box).	Ծ
(3) New Regis	tered Agent (RA) Signature:			Уd
(0)		If a new agent is appointed in item (2) a	bove, the new agent must sign here to accept the appo	
			rs. Do NOT put 'same as last year' or 'same	
These will not be	accepted. Changes here will not	affect the entity mailing address. If	more space is needed, please add an attach	ment. 72
Manager/Member	Name	Business Address	City, State, Zip	U.
Mgr ☐Mem	Aaron L. Maybo	~ 9932 W. Skyclife	rether Boice, Ta	P 3 110
MgrMem	CINDY M Mayb	ON 9932 W. Skyclip	Ko HUR BOISE, Id	27.204
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Mgr Mem				ct
Mgr ☐Mem				- 10
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Mgr ☐Mem				F
		/		3
(5) Signature:	Caron L. MI	G & C (6) Da	ate: 7/28//9	awer
(7) Type/Print Nam	e: Aaron /	Markon (8) Til	de: Owner / war	-~ E
			- Maxing	n O
		se a check made payable to the Idaho	Secretary of State for \$30.00.	
Sign and date this	form and return to the address provid	ied aidove.		Ď
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