



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

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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: 154889 Limited Liability Company (D)		Filing Status: Inactive-Dissolved (Administrative)		nistrative)	N	
		Date Formed: 02/21/2	2006 For	mation Locale: ID	U G	
Name and Mailing Address:			(1) Add or Cha	nge Mailing Address:	jeste	
FIGUEROA FE	_				ljeoffe trav	
5112 DANVILLE ST					TÜR Ö/I	
CALDWELL, II	D 83605				l brooks brooks brooks	
Registered Agent (RA) and Registered Office (RO) Address: ANDRES FIGUEROA 19815 ESSEX AVE CALDWELL, ID 83605			(2) Change RA and/or RO Address:		10 00 01 01 01	
(4) Limited Liabil These will not be	ity Companies: Enter name accepted. Changes here v	es and addresses of Managers (will not affect the entity mailing a	OR Members. Do Naddress. If more spa	new agent must sign here to accept the appoints IOT put 'same as last year' or 'same as ace is needed, please add an attachme	above'⊍	
Manager/Member Mgr Mem	1	Business Add	i	City, State, Zip	82.4	
∭Mgr	Hadres Scavers	542 V	anville St	Culywell, IP	83669	
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(5) Signature:	Judnes Signerora	1	(6) Date: 5	wher/Manager	,	
(7) Type/Print Name: Andres Fla yeroa			(8) Title: (()	(8) Title: Owner/Manzaer		
Instructions: Le		Enclose a check made navable t		/ 1		

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.