



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements

Reinstatement fee: \$30.00.					450 North 4th Street Boise, ID 83720	
					Phone: (208) 334-2300	
SOS Control Number: 328920		Filing	Filing Status: Inactive-Dissolved (Administrative)			
Limited Liability Company (D)		Date F	ormed: 09/12/2	Locale: ID	1	
Name and Mai DESERT ROSE 709 DESERT V BOISE, ID 837	E DAIRY LLC VIND RD			(1) Add or Change Maili	ng Address:	
RONALD B CA 709 DESERT V BOISE, ID 837	VIND RD 116 Note: The	Registered Office a	ddress must be a	(2) Change RA and/or R NO SALVA K 709 Deser Boise, Lo physical Idaho address (no po	LASTLE, +W:Nd Rd 1 E37!6	
(3) New Regist	tered Agent (RA) S		BUE KNO	Timitem (2) shows the new agent	must sign here to accept the appointm	ent F
		names and address	es of Managers	OR Members. Do NOT put 's	same as last year or same as all eded, please add an attachment	bove'.
Manager/Member	Name		Business Ado	Iress	City, State, Zip	
Mgr Mem (5) Signature:	- PULICIA KOSANIA KOSANIA	K. Castle	209 B	(6) Date: 13.	29. 2020	
_	ibly complete the form all			to the Idaho Secretary of State	o for \$30.00.	-