



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

0322-2430 08/23/2019 12:07

Lawerence Denney

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

L	Reinstatement ree:	\$30.00.	Phone: (208) 334-2300	~
SOS Control I	Number: 477097 y Company (D)	Filing Status: Inactive-Disso Date Formed: 10/06/2015	lved Formation Locale: ID	20 19
	iling Address: G AND RECOVERY, LLC ID 83221	24) Add or Change Mailing Address: 15 Bordon Rd TRLR#1 cotello, IO 83204	12:07 PM
ASHER RAY R 389 N 300 W BLACKFOOT, (3) New Regis	ID 83221 Note: The Registered tered Agent (RA) Signature:	Office address must be a physical If a new agent is appointed in item (Change RA and/or RO Address: SHE Buck on RD 147 Catello, I D 83204 Idaho address (no postal box). She above, the new agent must sign here to accept the appoint the service of the properties. Do NOT put 'same as last year' or 'same as	
These will not be accepted. Changes here will not aff Manager/Member Name		t affect the entity mailing address. Business Address	If more space is needed, please add an attachm City, State, Zip	nent. (P
Mgr Mem Mgr Mem	Juson Rednord	C.O. Box 145 B	New Upno, LA 71	etary of State
(5) Signature:	a Agher R. Redn		Date: Aug 20th 2019 Title: Owner/mager	Lawerence

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.