



## **Idaho Limited Liability Company Reinstatement Form**

File online at: sosbiz.idaho.gov

## Return completed form to:

Idaho Secretary of State

Reinstatement fee: \$30.00.				Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300		
						SOS Control I
Limited Liability Company (D)		Date Formed: 07/25/20	Date Formed: 07/25/2018 Formati		21	
Name and Ma	iling Address:		(1) Add or Change M	ailing Address:	. 1	
	XY & PAINTING L.L.C.		AMAPM	EPOXYA Painting	٢٦٢	
112 W 465 S			350 MONTOE SI			
JEROME, ID 83338			Twin Falls, ID 83301			
Registered Ag	gent (RA) and Registere	ed Office (RO) Address:	(2) Change RA and/o	r RO Address:	 Re	
AURELIO ALV	'EREZ		A Aurelio Alvarez		6 0	
112 W 465 S	2000		350 monroe St		1.4	
JEROME, ID	83338		Twin Falls, ID 83301			
	Note: The Regi	stered Office address must be a ph	ysical Idaho address (no	postal box).	γ̈́q	
(3) New Regis	tered Agent (RA) Signa		item (2) above, the new ag	ent must sign here to accept the appointme		
		s and addresses of Managers Of	R Members. Do NOT pu	it 'same as last year' or 'same as al needed, please add an attachment	oove'.	
Manager/Member	Name	Business Addre	Business Address		Ξ	
<b>∦</b> Mgr ☐Mem	Aurelio Alvar	ez 350 monro	e st	Twin Falls, ID83.		
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(5) Signature:	the Can	2	(6) Date: 4/- 6	17-21	õ	
(7) Type/Print Nam	ne: Aurelio All	vorez	(8) Title: Mar		Ten.	
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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.