



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

Idaho Secretary of State
Attn: Reinstatements
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

For Office Use Only

-FILED-

File #: 0005502479

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SOS Control Number: 4444676

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 10/12/2021

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

SPENCE FAMILY PARTNERS LLC
PO BOX 903
BONNERS FERRY, ID 83805-0903

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

Jeff Shope
1370 SUNRISE RD
BONNERS FERRY, ID 83805

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature: _____

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Colette J. Spence	2910 Cliff Drive	Newport Beach, CA 92663
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Charles R Spence	2322 Azure Ave	Newport Beach, CA 92660
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Colette Spence

(6) Date: 11/27/23

(7) Type/Print Name: Colette J. Spence

(8) Title: Manager/Member

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.

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