



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 For Office Use Only

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File #: 0006084677

Date Filed: 1/16/2025 8:14:00 AM

	Phone: (208) 334-2300							
SOS Control Number: 560999 Filing			Status: Inactive-Dissolved (Administrative)					
Limited Liability Company (D) Date			ormed:	: 07/11/20	17 f	ormation	Locale: ID	
Name and Mailing Address: MAISON ET CADEAUX, LLC PO BOX 3477 KETCHUM, ID 83340-3421			(1) Add or Change Mailing Address:					
Registered Ag MARCELLE AN 306 WALL ST KETCHUM, ID		stered Office (Re	O) Addr	ess:	(2) Change I	RA and/or f	RO Address:	
	Note: The	Registered Office a	ddress m	uist be a nh	vsical Idaho add	ress (no po	ostal box).	
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(3) New Regist	tered Agent (RA) S	ignature:	w agent is	s appointed in	item (2) above, the	e new agent	must sign here to accep	of the appointment.
(4) Limited Liabilit	ty Companies: Enter i accepted. Changes h	names and address	es of Ma	anagers OF	R Members. Do	NOT put '	same as last year' or	r 'same as above'.
Manager/Member Name			Business Address				City, State, Zip	
Mgr ☐Mem	MARCELLE	ANDERSON	1		ADVILLE	AVE	KETCHUM 11	0 83340
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(5) Signature:	Marælle	Anderso	<u> </u>		(6) Date:	1.1	3 -25	
(7) Type/Print Name	" MARCE L	LE AND	RSC	2	(8) Title: 1	ANM	1 1 1 M	EMBER

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.