



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to Idaho Secretary of State

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

Reinstatement fee: \$30.00.				Boise, ID 83720 N Phone: (208) 334-2300	
_		-	g Status: Inactive-Dissolved		202
		Date Formed: 03/18/20	16 Formation	Formation Locale: ID	
Name and Mai MOVEMENT M 8752 W OVERI BOISE, ID 837	IASSAGE LLC LAND RD #410 Ste	110	(1) Add or Change Mai	ling Address:	3:02 PM
CHOLENA STE	LAND RD #110 SOLOW	Office (RO) Address:	(2) Change RA and/or	RO Address:	Received
(4) Limited Liabilit	Note: The Register tered Agent (RA) Signatur ty Companies: Enter names a accepted. Changes here will i	If a new agent is appointed in addresses of Managers OF	n item (2) above, the new ager	nt must sign here to accept the appo	as aleove'.
Manager/Member	Name	Business Addre	ess	City, State, Zip	Ó
Mgr Mem (5) Signature:	Cholena Ann St	2014 3752 W.C	SHETT	Poise 15 83-	tary of State Lawerence
(7) Type/Print Name	:: Cholena Ani	r Steele		est owner/	mon