



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 Bolse, ID 83720 Phone: (208) 334-2300 For Office Use Only

-FILED-

File #: 0005912456

Date Filed: 9/24/2024 8:56:00 AM

SOS Control Number: 4311492		Filing Status: Inactive-Dissolved (Administrative)		
Limited Liability Company (D)		Date Formed: 06/09/2021	F	Formation Locale: ID
Name and Malling Address: Copy By Kristen LLC PO BOX 10 ATHOL, ID 83801-0010			(1) Add or C	Change Mailing Address:
Registered Ag Ramona Koesti 8689 E APACH ATHOL, ID 838	IE TRAIL	ice (RO) Address:	(2) Change	RA and/or RO Address:
(4) Limited Liabili These will not be	tered Agent (RA) Signature: ty Companies: Enter names and accepted. Changes here will not	If a new agent is appointed in a addresses of Managers OR affect the entity mailing addr	em (2) above, the Members, Do ess, If more	he new agent must sign here to accept the appointment. o NOT put 'same as last year' or 'same as above space is needed, please add an attachment.
Manager/Member	Name	Business Addres		City, State, Zip
Mgr Mem Mgr Mgr Mgr Mem Mgr Mgr	Kristen Koester-Smith	8689 E Apach	e trail	Athol, ID 83801
(5) Signature:	Knihit		(6) Date:	9/23/2024
(7) Type/Print Nam	e: Kristen Koester-Sr	nith	(8) Title:	Manager

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.