



## Idaho Limited Liability Company Reinstatement Form

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450 หิงเกลา Street Date Filed: 6/1/2022 2:41:00 PM

	Reinstatement	tee: \$30.00.	」	Phone: (208) 334-23	. <del>no</del>
	**			1 11011e. (200) 334-23	
SOS Control Number: 507105		Filing Status: Inactive-Dissolved (Administrative)			
Limited Liability Company (D)		Date Formed: 05/27/2016	Formation	Locale: ID	
Name and Mai R & C REMOD 5300 W HILL R BOISE, ID 837	ELING LLC RD	(*	1) Add or Change Mail	ing Address:	
Registered Ag ROBERT ROS 5300 W HILL R BOISE, ID 837	S RD	ed Office (RO) Address: (2	2) Change RA and/or F	RO Address:	
(4) Limited Liabili	tered Agent (RA) Signa	stered Office address must be a physical sture:  If a new agent is appointed in item less and addresses of Managers OR Menwill not affect the entity mailing address	(2) above, the new agen	t must sign here to accept the	ame as above'.
Manager/Member	Name	Business Address		City, State, Zip	
Mgr Mem	Robout Rr	23W N H	IL Rd	BOLE Id	S370
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(5) Signature:	7/1/m		6) Date:	-1-22	
(7) Type/Print Nam	10: Robiert	A. RC66 (8	B) Title:	-V v	
Instructions: Leg	gibly complete the form above	Enclose a check made payable to the ld	aho Secretary of Sta	te for \$30.00.	

Sign and date this form and return to the address provided above.