



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:
Idaho Secretary of State
Attn: Reinstatements
450 North 4th Street
Roise, ID 83720

SOS Control Number: 823233 Filing Status: Inactive-Dissolved (Administrative) Limited Liability Company (D) Date Formed: 08/21/2018 Formation Locale: ID Name and Mailing Address: (1) Add or Change Mailing Address: (2) Change Mailing Address: (3) Change RA and/or RO Address: (4) Change RA and/or RO Address: (5) Change RA and/or RO Address: (6) Change RA and/or RO Address: (7) Change RA and/or RO Address: (8) Change RA and/or RO Address: (9) Change RA and/or RO Address: (9) Change RA and/or RO Address: (1) Change RA and/or RO Address: (8) Change RA and/or RO Address: (9) Change RA and/or RO Address: (9) Change RA and/or RO Address: (1) Change RA and/or RO Address: (2) Change RA and/or RO Address: (3) New Registered Agent (RA) Signature: (4) Limited Liability Companies: Enter names and address must be a physical Idaho address (no postal box). (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, phease add an attachment. (4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put same as last year or same as as last year or same as as address. If more space is needed, phease add an attachment. (4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put same as last year or same as address. If more space is needed, phease add an attachment. (4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put same as last year or same as as as a same part of same as a last year or same as as a same part of same as a last year or same as a last year	Reinstatement fee: \$30.00.				Boise, ID 83720 Phone: (208) 334-2300	
Limited Liability Company (D) Date Formed: 08/21/2018 Formation Locale: ID Name and Mailing Address: (1) Add or Change Mailing Address: *** *** *** *** ** ** ** **	SOS Control Number: 623233 Fi		Filing Status: Ina	iling Status: Inactive-Dissolved (Administrative)		
Manager/Member Name Business of Managers OR Members. Do NOT put 'same as last year or 'same as ab Manager/Member Name Business Address City, State, Zip Manager/Member Mem Magr Mem M	Limited Liability Company (D) Da		Date Formed: 08	/21/2018 I	Formation Locale: ID	
Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: (3) MEGIS 498 E 43RD ST BOISE, ID 83714 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 abbve'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment. If Manager/Member Name Business Address City, State, Zip Mgr Mem	MEGIS MACHI 498 E 43RD ST	NE & WELDING L.L.C.		(1) Add or (Change Mailing Address:	:22 AM
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	Mgr Mem		748	734) 0		ry of State
(7) Type/Print Name: THOMAS J MEGIS (8) Title: MANAG: NG MEMBER 0	(5) Signature: Thomas V. Mog 15 (6) Date: 2.19.2021					
	(7) Type/Print Nam	ie: THOMAS J MI	EGi S	(8) Title:	MANAGING 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.