



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to
Idaho Secretary of State
Attn: Reinstatements
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 575484
Limited Liability Company (D)

Filing Status: Inactive-Dissolved
Date Formed: 10/25/2017

Formation Locale: ID

Name and Mailing Address:
MEDICAL BILLING SOLUTIONS, LLC
247 N BENE POSTO PLACE
BOISE, ID 83712

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:
STEVE CALVERLEY
247 N BENE POSTO PLACE
BOISE, ID 83712

(2) Change RA and/or RO Address:

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 above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

| Manager/Member | Name | Business Address | City, State, Zip |
|--|-----------------|-------------------------|------------------|
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | Steve Calverley | 247 N. Bene Posto Place | Boise, ID 83712 |
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(5) Signature:

(6) Date:

1/30/2020

(7) Type/Print Name:

STEVE CALVERLEY

(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.

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