



Idaho Limited Liability Company Reinstatement Form

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45U North 4th Street
Date Filed: 9/13/2022 1:02:00 PM

| | Reinstatement | | Phone: (208) 334-2300 | | |
|---|---------------------------------|-------------------------|----------------------------------|---|------------------------|
| SOS Control N | Number: 532830 | Filing Status: Inactive | -Dissolved (Administrat | · · · · · · · · · · · · · · · · · · · | 3/2 |
| Limited Liability Company (D) | | | | n Locale: ID | 2 |
| Name and Mai I GOT YOUR K PO BOX 19117 BOISE, ID 837 | iling Address: KRAZY, L.L.C. | | (1) Add or Change Ma | ling Address: | 2 1:02 PM |
| Registered Ag ALEXANDRIA 12105 W GAM STAR, ID 8366 | SCHWALBE BRELL ST | ed Office (RO) Address: | (2) Change RA and/or | RO Address: | Received |
| (4) Limited Liabili | tered Agent (RA) Signa | | l in item (2) above, the new age | nt must sign here to accept the appoint | above'⊟ ent. Ω |
| Manager/Member | Name | Business Add | - | City, State, Zip | |
| Mgr Mem | Alexandria | Schwalbe P.O. BOX | (6) Date: 60, 1 | 7D 83719 3.7\$ 22 | of the Idaho Segretary |
| (7) Type/Print Nam | ie: Alexandr | ia Schwalbe | | o mogr | —-₹ —-• |
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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.