



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 Boise, ID 83720

Reinstatement fee: \$30.00.					Boise, ID 83720 Phone: (208) 334-2300		
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Limited Liability	(D)	Date	Formed: 10/1	//2013	Formation	rocaie: ID	
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4011 LAKE AV							2
CALDWELL, IC	3605-6755						CT.
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Registered Ag	ent (RA) and R	Registered Office (R	O) Address:	(2) Chan	ge RA and/or R	O Address:	7
ALICE ESTRADA							<u> </u>
4011 LAKE AVE							Ceiv
CALDWELL, ID 83605							1,
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(3) New Regis	tered Agent (R			intention items (O) observe			
						must sign here to accept the appoint	
(4) Limited Liabili These will not be	ty Companies: E	nter names and addres des here will not affect	sses of Manage the entity maili	ers OR Members. ng address. If mo	Do NOT put 's re space is ne	same as last year' or 'same as eded, please add an attachme	above'. ent. 🚧
Manager/Member	Name		Business A			City, State, Zip 83	605
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(5) Signature:	tion (Test		(6) Date:		/	awe
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(7) Type/Print Nam	e: ALIC	e ESTA	ABA	(8) Title:	OWA	Per/MGR.	en c
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		the address provided abo	ve.			•	Dei
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