



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

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

For Office Use Only

-FILED-

File #: 0005402973

Date Filed: 9/11/2023 10:45:00 AM

SOS Control Number: 3902026

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 06/05/2020

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

Candlestick Avenue LLC
927 W CHERRY BELLO DR
EAGLE, ID 83616-6980

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

diana Hornung
927 W CHERRY BELLO
EAGLE, ID 83616

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	DIANA HORNUNG	927 W. CHERRY BELLO	EAGLE ID 83616
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	EDISON HORNUNG	"	"
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(5) Signature:

Diana Hornung

(6) Date:

9-7-23

(7) Type/Print Name:

Diana Hornung

(8) Title:

MANAGER

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.

B0837-0186 09/11/2023 10:45 AM Received by Office of the Idaho Secretary of State