



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

For Office	e Use Only
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Date Filed: 8/7/2023 12:19:00 PM

	Phone: (208) 334-2300				2
SOS Control Number: 550531 Filing Status: Inactive-Dissolved (Administrative				ative)	0 23
Limited Liability Company (D)		Date Formed: 04/27/20	017 Formati	mation Locale: ID	
Name and Mai	•		(1) Add or Change Mailing Address:		2:19
95 W 400 S JEROME, ID 8	33338-5945				PM R
Registered Ag JOSEPH T VIE 95 W 400 S JEROME, ID 8	IRA	ered Office (RO) Address:	(2) Change RA and/o	or RO Address:	}eceived
(3) New Regist	Note: The F tered Agent (RA) Sig	Registered Office address must be a p		p postal box). The property of the second second to the second s	ьу Оf
(4) Limited Liabili These will not be Manager/Member	ty Companies: Enter na accepted. Changes he	ames and addresses of Managers Core will not affect the entity mailing and	OR Members. Do NOT p ddress. If more space is	ut 'same as last year' or 'same	e as abave'.
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(5) Signature:	Min		(6) Date: 8/3	123	tary
(7) Type/Print Nam	e: Soy Viein	٩	(8) Title: Own	er_	0 H

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.