



## **Idaho Limited Liability Company Reinstatement Form**

File online at: sosbiz.idaho.gov

Return completed form Ro: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

Reinstatement fee: \$30.00.				Boise, ID 83720 Phone: (208) 334-2300			
SOS Control	Number: 440834	Filing Status: Inac	tive-Dissolved (Ac	dministra	ative)		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	y Company (D)	Date Formed: 11/2		Formation Locale: ID			N N
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These will not be	accepted. Changes here will	and addresses of Managers O not affect the entity mailing ac	idress. If more space	e is neede	ed, please add ar	r 'same as abo n attachment.	ove: V.  
Manager/Member	Name	,	Business Address		City, State, Zip		
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(5) Signature:	flux 11	1/2-2 1/2	(6) Date:	2/2/	2021		u Towar
(7) Type/Print Nam	TARRI I.	MOUNT	(8) Title:	WEL	MICK		<u></u>
	gibly complete the form above. Eleform and return to the address pr	nclose a check made payable to rovided above.	o the Idaho Secretary	of State fo	r \$30.00.		נ ח כ