



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to Note that Note the Note that Note t

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

Reinstatement fee: \$30.00.	Boise, ID 83720 Phone: (208) 334-2300
SOS Control Number: 362467 Filing Status: Inactive-Dissolved (Adm	
	rmation Locale: ID ange Mailing Address:
JOHN F ROTTER 182 SKY LANE 182 SKY LANE GRANGEVILLE; ID 83530 Note: The Registered Office address must be a physical Idaho address (3) New Registered Agent (RA) Signature: Michael I. Fixi	ess (no postal box). The property of the appointment.
These will not be accepted. Changes here will not affect the entity mailing address. If more sp Manager/Member Name Business Address	
Mgr	Craquile, TD 21830
(5) Signature: Mechael Free (6) Date: // (7) Type/Print Name: Michael Fie: (8) Title: M	112 / 2021 F
(7) Type/Print Name: Michael Fie: (8) Title:	

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.