



Idaho Limited Liability Company Reinstatement Form

File online at: sos.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	
SOS Control Number: 418375 Limited Liability Company (D)		Filing Status: Inactive-Dissolved			, ,
		Date Formed: 04/24/201	4 Forma	tion Locale: ID	1
Name and Ma HANSSEN CA 103 W PECK I RUPERT, ID	RD		(1) Add or Change	Mailing Address:	
Registered Ag TINA HANSSE 103 W PECK I RUPERT, ID	RD	Office (RO) Address:	(2) Change RA and	d/or RO Address:	
	Note: The Registe	red Office address must be a phy	rsical Idaho address (no postal box).	1
(4) Limited Liabi	ity Companies: Enter names as accepted. Changes here will	If a new agent is appointed in and addresses of Managers OR	Members. Do NOT	agent must sign here to accept the appointn put 'same as last year' or 'same as is needed, please add an attachme	bove it.
(4) Limited Liabi These will not be Manager/Member	ity Companies: Enter names a accepted. Changes here will	If a new agent is appointed in and addresses of Managers OR	Members. Do NOT lress. If more space	put 'same as last year' or 'same as	ent. (ibove
(4) Limited Liabi	ity Companies: Enter names a accepted. Changes here will	If a new agent is appointed in and addresses of Managers OR not affect the entity mailing add	Members. Do NOT lress. If more space	put 'same as last year' or 'same as is needed, please add an attachme	ent. Ibove It.

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.

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