Idaho Limited Liability Company Reinstatement Form File online at: sosbiz.idaho.gov Return completed form Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720					
	Reinstatement fee:	\$30.00.		Phone: (208) 334-2300	Ć
SOS Control M	lumber: 3397268	Filing Status: Inactive-Dis	solved (Adminis	trative)	1
-		Date Formed: 01/15/2019	-	tion Locale: ID	6 N
Name and Mailing Address:			(1) Add or Change		<u>ا</u>
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840 BOWMAN DR.					t
RENO, NV 89503					F
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Benictored Ar	ont (DA) and Davistand Of	Roo (PA) Address	(2) Change PA and	Nor RO Addrees.	
Registered Agent (RA) and Registered Office (RO) Address: mark d simons			(2) Change RA and/or RO Address:		, i
509 E PARKCENTER BLVD			MARKE D. SIMINS 12517 W. AUANTI Boise Id. 83713		
BOISE, ID 83706			Baise td.		
				83713	,
(4) Limited Liabili	tered Agent (RA) Signature: ty Companies: Enter names and accepted. Changes here will not	If a new agent is appointed in ite addresses of Managers OR M	embers. Do NOT	agent must sign here to accept the app put 'same as last year' or 'same a is needed, please add an attacht	as above',
Manager/Member	Name	Business Address	.	City, State, Zip	
X Mgr Mem	MAYLE SINCORS	12517 W. Aug	nti fe		3713
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(5) Signature:	11/mapin		(6) Date: 2/9	/2/	
(7) Type/Print Name: MARIC SIMONS (8) Title: PRES. /MCROW					
					(
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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