



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

Reinstatement fee: \$30.00.			Boise, ID 83720 Phone: (208) 334-2300		28/
SOS Control Number: 50083 Filing State		ing Status: Inactive-Disso	olved (Administrativ	e)	202
Limited Liability Company (D) Date F		ate Formed: 05/10/2000	Formation I	Formation Locale: ID	
Name and Mailing Address:			1) Add or Change Mailir	ng Address:	
DASTKA LLC	OT				ü
1795 MICHAEL	. 51 . ID 83402-1737				ω
					AM
GLORIA HAMN 1795 MICHAEL	-	(RO) Address:	2) Change RA and/or Ro	O Address:	Receive
IDAHO FALLS,	ID 83402				/ed
	Note: The Registered Offi	ce address must be a physica	l Idaho address (no po	estal box).	λq
(3) New Regist	tered Agent (RA) Signature:	If a new agent is appointed in item	(2) above the new agent	must sign here to accept the appointme	ent.
(4) Limited Liabili These will not be	ty Companies: Enter names and add accepted. Changes here will not afform	dresses of Managers OR Mer	mbers. Do NOT put 's	same as last year' or 'same as a eded, please add an attachmen	above'. TO
Manager/Member	Name	Business Address		City, State, Zip	F
Mgr Mem	Gloria Hammo		chael		3402
Mgr Mem	Dan Hammon	2779 E 97	N		340
Mgr ØMem Mgr ØMem	Steve Hammon		y Creek Rd (ve		3406
Mgr Mem	Kathy Garn	1120 0 1	100	Lyman, Wy. 82	73/0 #
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MgrMem MgrMem			<u></u>		— <u> </u>
(5) Signature:	Glaria Ham	mon (6) Date: 8-2°	4-20	aweren
(7) Type/Print Name: Gloria Hammon (8) Title: Mgr,					
Instructions: Leg	gibly complete the form above. Enclose	a check made payable to the lo	laho Secretary of State	e for \$30.00.	Ď.

Sign and date this form and return to the address provided above.