



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300

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

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File #: 0005970555

Date Filed: 11/4/2024 10:46:00 AM

		Filing Status: Inactive-Dissolved (Administrative)						24		
		Date Formed: 12/03/199	7 F	ormation	Locale: ID			<u>_</u>		
Name and Mai ORCHARD LAI PO BOX 396 BOISE, ID 837	ND LLC		(1) Add or Change Mailing Address:					0:46 AM		
STEVE C SWA 4208 W EDGE BOISE, ID 837	MONT ST 706	ed Office address must be a phy	(2) Change R			·		Received by Of		
		If a new agent is appointed in	item (2) above, the	e new agent	must sign here t	to accept	the appointm			
These will not be	ty Companies: Enter names a accepted. Changes here will r	not affect the entity mailing add	Iress. If more s		eded, please	add ar		nt.®		
Manager/Member	Name	Business Addre			City, State		<u> </u>	0 — H —		
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Instructions: Le	gibly complete the form above. En	close a check made pavable to	the Idaho Secret	arv of Stat	e for \$30.00.			Ηη 70		