



Idaho Limited Liability Company Reinstatement Form

For Office Use Only

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

-FILED-

File #: 0005828303

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SOS Control Number: 4715409

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 04/25/2022

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

Trevor J Halgren Construction, LLC
TREVOR HALGREN
PO BOX 158
ATHOL, ID 83801-0158

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

Trevor J Halgren
8857 E SON SHINE WAY
ATHOL, ID 83801

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Trevor Halgren	8857 E Son Shine Way	Athol, ID 83801
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Lauren Halgren	8857 E Son Shine Way	Athol, ID 83801
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(5) Signature:

(6) Date: 7/9/2024

(7) Type/Print Name: Trevor Halgren

(8) Title: Member

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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