



## **Idaho Limited Liability Company Reinstatement Form**

File online at: sosbiz.idaho.gov

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

## Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

	Reinstatement fee: \$	]	Boise, ID 83720 Phone: (208) 334-2300		
SOS Control N		Filing Status: Inactive-Diss	olved (Administrati		N Z
		Date Formed: 11/14/2017	•	ve) Locale: ID	21
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Name and Mai	iling Address:		(1) Add or Change Mail	ing Address:	2
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	E, ID 83530-5187			•	2
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Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address:					æ
DONALD L DEHAAS					⊕ C
82 MILNER TR					ive
GRANGEVILLI	E, ID 83530 (IDAHO COUNTY	)			é A
	Note: The Registered (	Office address must be a physic	al Idaho address (no p	ostal box).	λq
(2) Now Pogie	tered Agent (RA) Signature:			·	н
(3) New Regis	tered Agent (RA) Signature:_	If a new agent is appointed in item	(2) above, the new agen	t must sign here to accept the appo	
(4) Limited Liabili	ty Companies: Enter names and a	addresses of Managers OR Me	mbers Do NOT nut	'eame as last year or 'same	S above;
These will not be	accepted. Changes here will not a	affect the entity mailing addres	s. If more space is no	eeded, please add an attach	ment <b>()</b>
Manager/Member	Name	Business Address		City, State, Zip	<del></del>
Mgr Mem					<u></u>
Mgr ⊠Mem	Myrna DeHacs	82 Milner	TRail Road	Grangeville ID	73
Mgr Mem				1 8.33	309
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(5) Signature:	M) your Welton	A	(6) Date: / 🏒 /	5/2021	awerenc
(5) Signature: Myrna DeHaas (6) Date: 12/3/2021  (7) Type/Print Name: Myrna DeHaas (8) Title: Member					1 C.B
	ا gibly complete the form above. Enclos		daho Secretary of Stat	e for \$30.00.	Ď