



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

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

					Attn: Reinstatements 450 North 4th Street			02/1
	Reinstater				Boise, ID 83720 Phone: (208) 334-2300		14/	
SOS Control N	lumber: 557259 Company (D)	Status: Inactive-Dissolved Formed: 06/15/2017 Formation			Locale: ID	N	20	
Name and Mai ALL THEM EN 216 S POWER NAMPA, ID 83	TERPRISES LLC		A1	6 E, 8"	Enter	4	1	
Registered Ag KEITH ORION 216 S POWER NAMPA, ID-83	LINE RD 1686		10 <i>m</i> e	(2) Change RA and/or RO Address: 106 E 8 th N Mountain home ID 830 hysical Idaho address (no postal box).				
(4) Limited Liabil These will not be	ity Companies: Enter	names and addre	sses of Manage the entity maili	ers OR Membe ng address. If	rs. Do NOT pu	needed, please add a	or 'same as ab p	 Ov∈
Manager/Member Mgr Mem	Name Reith E		Business A	E 8th A	<u> </u>	City, State, Zip	7 N 8 1	47
Mgr Mem		Ellinge	706			mountain ho	β)
(5) Signature:				(6) Da	ate: 02/04	4/2020	(i)]
(7) Type/Print Nam	e: KeiH E	llinger		(8) Tit	ate: 02/04	er		΄ Σ
Instructions: Lec	aibly complete the form a	bove. Sign and date	this form and re	turn to the addre	ss provided abov	e .	" -	<i>,</i>