



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

For Office Use Only

-FILED-

File #: 0005987634

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SOS Control Number: 4651229

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 03/09/2022

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

JB Fencing and Landscaping LLC
906 ROUND VALLEY ST
NAMPA, ID 83687-8684

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

(2) Change RA and/or RO Address:

ALL DAY \$49 IDAHO REGISTERED AGENT LLC
784 S CLEARWATER LOOP STE F
POST FALLS, ID 83854

Jose L Jimenez Rangel
906 Round Valley St
Nampa ID 83687

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

(3) New Registered Agent (RA) Signature:

[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 checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Jose L Jimenez	JB Fencing and Landscaping LLC	
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		906 Round Valley St	
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			Nampa ID 83687
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

[Signature]

(6) Date:

11-18-24

(7) Type/Print Name:

Jose L Jimenez Rangel

(8) Title:

11-18-24 Mgr

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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