



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

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| | Reinstatement fee: | | Boise, ID 83720 🙀 Phone: (208) 334-2300 | | |
|---|--|--|---|---|------------------------|
| SOS Control Number: 118674 | | Filing Status: Inactive-Dissolved (Administrative) | | ive) | 2 2 2 |
| Limited Liability Company (D) | | Date Formed: 12/20/2004 | Formation | n Locale: ID | Ä |
| Name and Mailing Address: LOGGER'S CREEK TERRACE, LLC 1124 E SANTA MARIA DR BOISE, ID 83712-6525 | | | (1) Add or Change Mailing Address: LOGGER CREEK TERRACE, LL 132 H. SANTA PAULA PL BOISE, ID 837/2 | | ¥ |
| Registered Agent (RA) and Registered C DOUGLAS W TAMURA 1124 E SANTA MARIA DR BOISE, ID 83712 | | Office (RO) Address: (2) Change RA and/or RO Address: DOUGLAS TANIURA 732 N. SAHTA PAULA PL POISE, 117 8 37/2 ed Office address must be a physical Idaho address (no postal box). | | TANIJICA ITA PAULA PC. 33712 | Received by |
| (4) Limited Liabili | tered Agent (RA) Signature ty Companies: Enter names an accepted. Changes here will no | If a new agent is appointed in it | tem (2) above, the new age Members. Do NOT pu | nt must sign here to accept the appoir t 'same as last year' or 'same a | s a p ove'. |
| Manager/Member | Name | Business Addres | | City, State, Zip | <u>-7</u> - |
| Mgr Mem Mgr Mem | DODGLAS TAMORI | A 732 N.SANTO | | Bolse, 1083712 | tary of State Laweredc |
| (5) Signature: (6) Date: (0/30/2) | | | | | |
| (7) Type/Print Name: DOBGLAS TAMURA (8) Title: MEMBER | | | | | |
| Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00. | | | | | Ď |