



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 #: 0006155109

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SOS Control Number: 5286979

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 06/17/2023

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

skaar lawn service LLC
231 GRANT ST
AMERICAN FALLS, ID 83211-1626

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

(2) Change RA and/or RO Address:

Anthony A Skaar
231 GRANT ST
AMERICAN FALLS, ID 83211-1626

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 checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Anthony Skaar	Skaar Lawn Service	American Falls ID 83211
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		231 Grant Street	
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date:

(7) Type/Print Name:

(8) Title:

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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