



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

	Reinstatement fo		Boise, ID 83720 Phone: (208) 334-2300		
SOS Control N	lumber: 450340	Filing Status: Inactive-Diss	solved	 ,	
Limited Liability Company (D)		Date Formed: 02/23/2015	Formatio	n Locale: ID	[
Name and Mail SWENCO DEV PO BOX 442 TWIN FALLS, I	ELOPMENT CO LLC		(1) Add or Change Ma	ailing Address:	
Registered Ag DONALD ANDE 409 SHOSHON TWIN FALLS, I	IE ST S D 83303	Office (RO) Address: ered Office address must be a physic	(2) Change RA and/or		
(4) Limited Liabilit		If a new agent is appointed in iter and addresses of Managers OR Me I not affect the entity mailing addres	embers. Do NOT pu		bove'.
Manager/Member	Name	Business Address		City, State, Zip	
Mgr	Donald Anders	son 409 Shoshone	st. 5,	Twin Falls, Idaho 83	301
Mgr Mem Mgr Mem Mgr Mem					
Mgr Mem					
MgrMem MgrMem MgrMem					
(5) Signature:	on Donald And	rev	(6) Date: 2-10)-2020	
(7) Type/Print Name	e: Donald And	erson	(8) Title: Manac	ĵrr	
Instructions: Leg	jibly complete the form above. E	Enclose a check made payable to the	•		7

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