



Idaho Limited Liability Company Reinstatement For Office Use Only

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|---|---------------------------------------|--|---|---|---|
| | Reinstaten | nent fee: \$30.00. | | | Phone: (208) 334-2300 |
| SOS Control N | lumber: 3909799 | Filing Statu | ıs: Inactive-E | Dissolved (Adminis | trative) |
| Limited Liability Company (D) | | Date Form | e Formed: 06/16/2020 Formation Locale: ID | | ation Locale: ID |
| Name and Mai MARY & ALEX 2639 S STONE NAMPA, ID 83 | PAINTING HANDY HEDGE DR | MAN LLC | | (1) Add or Change | e Mailing Address: |
| EL CENTRO IN | NC 7 BLVD STE 103 | stered Office (RO) Ac | Idress: | (2) Change RA an Mary I 2639 Nampa | d/or RO Address: Espina 5 Stone Hedge Dr ,ID 83686 |
| | Note: The | Registered Office addres | s must be a phy | | |
| 4) Limited Liabili | | names and addresses o here will not affect the en | f Managers OR | Members. Do NOT Iress. If more space | F put 'same as last year' or 'same as a sis needed, please add an attachment City, State, Zip |
| Mgr Mem | May Essi | | | Stone Helse Dr | Name a. ID 8360 |
| Mgr Mem | | | | | |
| Mgr Mem | | | | | |
| MgrMem MgrMem | | | | · . | |
| 5) Signature: | Muyling . | | | (6) Date: 8- | 8-2072 12-11 |
| (1) Typerr Init Hall | Service Services | ina | <u></u> | (O) Fille. Own | x 1 riesident |
| Instructions: Leg | gibly complete the form a | bove. Enclose a check m | ade pavable to | the Idaho Secretary o | of State for \$30.00. |

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