



Idaho Limited Liability Company Reinstatement Form

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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

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

	Phone: (208) 334-2300				" (
SOS Control	 Number: 330253	Filing Status: Inactive-Dissolved (Administrative)			
Limited Liability Company (D)		•		on Locale: ID	
	niling Address:	Date Formed, 09/20/20		(1) Add or Change Mailing Address:	
	INE BARCHAS LOCUST S'	T., LLC	(1) Add of Change Man	gordin garding	
2254 S CROSSCREEK LN					Const
BOISE, ID 83	706-6707				क्षाता करता मुख्या मिक्सिया मिक्सिया
					Endish
Registered Agent (RA) and Registered Office (RO) Address: JEAN L BARCHAS (2) Change RA and/or RO Address:					0
2254 S CROSSCREEK LN					
BOISE, ID 83	706				
	Note: The Registe	red Office address must be a phy	ysical Idaho address (no p	oostal box).	Proh _{und}
(3) New Regis	stered Agent (RA) Signatu	re:			O.
		If a new agent is appointed in	item (2) above, the new agen	nt must sign here to accept the ap	oointment
(4) Limited Liabi These will not be	lity Companies: Enter names a e accepted. Changes here will	and addresses of Managers OF not affect the entity mailing add	R Members. Do NOT put dress. If more space is n	'same as last year' or 'sam eeded, please add an attac	e as above hment.
Manager/Member		Business Addre	ss	City, State, Zip	i sult
Mgr Mem	Jean i Bara	has 22545.CI	rosscreek LN	Boise, Ib 8	3706
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					14.14.14.14.14.14.14.14.14.14.14.14.14.1
(5) Signature:	Juan L. Pa	urchas	(6) Date: 9 29	12023	Entities.
(7) Type/Print Nar	me: Tean L. Ba	rchas	(8) Title: Reas	tered Agent	-/ -
Instructions: La	anibly complete the form above.	nclose a check made navable to	the Idaha Secretary of Sta	to for \$30.00 NOMI	PV 0