



## **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 Boise, ID 83720

_		Boise, ID 83720 Phone: (208) 334-2300	7
		Filing Status: Inactive-Dissolved	
		Date Formed: 06/11/2018 Formation Locale: ID	N E
		(1) Add or Change Mailing Address: 7693 W Morning Ct Boise IO 83709	
PEDRO LEON- 2107 W PANAI BOISE, ID 837	MA ST 705 Note: The Regist tered Agent (RA) Signat	T693 W Morning Cr Soise. ZO 83709  ared Office address must be a physical Idaho address (no postal box).  Te:  If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.	
(4) Limited Liabili These will not be Manager/Member	ty Companies: Enter names accepted. Changes here will Name	and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as not affect the entity mailing address. If more space is needed, please add an attachme    Business Address   City, State, Zip	aboverent. (1)
Mgr Mem	Pelio E Cen	7693 W Morning Cr Base ID 8370	
Mgr Mem			ary of state Lawere
(5) Signature:	Tel V	(6) Date: (1/0 / 2020	
(7) Type/Print Nam	10: Pelo E Cer	(8) Title: Oun-av	_

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.