



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 #: 0006160225

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SOS Control Number: 5334536

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 07/30/2023

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

AMUSEMENT WHOLESale LLC
LANE
PO BOX 254
NEW MEADOWS, ID 83654

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

(2) Change RA and/or RO Address:

LANE WILKINS
4114 FOREST POINT RD
NEW MEADOWS, ID 83654

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 type="checkbox"/> Mem	Lane Wilkins	4114 Forest Pt Rd	New Meadows, ID 83654
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Kori Wilkins	4114 Forest Pt Rd	New Meadows, ID 83654
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(5) Signature:

Lane Wilkins

(6) Date:

3-3-25

(7) Type/Print Name:

Lane Wilkins

(8) Title:

owner-manager

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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