



## **Idaho Limited Liability Company Reinstatement Form**

File online at: sosbiz.idaho.gov

## Return completed form to

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

Reinstatement fee: \$30.00.				Boise, ID 83720 Phone: (208) 334-2300	
		Filing Status: Inactive-Dis	ing Status: Inactive-Dissolved (Administrative)		
		Date Formed: 07/27/2010	ormed: 07/27/2010 Formation Locale: ID		21
Name and Mai	ilina Address:		(1) Add or Change Mailing Address:		ь
COOPER HIGH	_				2:
4949 S MAVEF	RICK WAY				57
BOISE, ID 837	709				PM
Registered Agent (RA) and Registered Office (RO) Address:  ARTHUR W FIRKINS  4949 S MAVERICK WAY  BOISE, ID 83709					M Received
(4) Limited Liabili	tered Agent (RA) Signa		em (2) above, the new ager lembers. Do NOT put	t must sign here to accept the apporting the sign here to accept the apporting the same as last year' or 'same eeded, please add an attach	as a <b>bo</b> ve'.
Manager/Member	Name	Business Address		City, State, Zip	7
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Mgr Mem	alto W.	Inhen	(6) Date: MAY	4th 2021 IER Mar	370m7 V OH Sta

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.