



Idaho Limited Liability Company Reinstatement Form

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05/0

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

Reinstatement	ree: \$30.00.		Phone: (208) 334-230	
SOS Control Number: 551005	Filing Status: Inactive	-Dissolved (Administr	rative)	
Limited Liability Company (D)	Date Formed: 04/24/20	017 Format	ion Locale: ID	Ë
Name and Mailing Address:		(1) Add or Change I	Mailing Address:	F
RAMAR, LLC				-
1594 HEPWORTH LANE				Ú
BLACKFOOT, ID 83221				7
				7
Registered Agent (RA) and Registered	d Office (RO) Address:	(2) Change RA and	/or RO Address:	a
RALPH C HAUSER				(
1594 HEPWORTH LANE				+ 4
BLACKFOOT, ID 83221				a O
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Note: The Perio	tour d Office address must be a m	hysical Idaha addraga (r	a nostal hov	, , , , , , , , , , , , , , , , , , ,
Note: The Regis	tered Office address must be a p	nysicai idano address (r	io postai box).	
3) New Registered Agent (RA) Signat	ure:			<u>_</u>
	If a new agent is appointed	in item (2) above, the new a	agent must sign here to accept the a	appointme
hese will not be accepted. Changes here w Manager/Member Name	ity Companies: Enter names and addresses of Managers OR accepted. Changes here will not affect the entity mailing addresses. Name Business Addre		City, State, Zip	achmen
Mgr Mem RA/ph C. HA	USER 1594 HEP	worth LN	Blackfoot, 1	2834
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5) Signature:	Lucier	(6) Date:	ril 22, 20	2/
7) Type/Print Name:	C. HAUSER	(8) Title:	Mar	C
1 pl	C . //// 50.C		The state of the s	
Instructions: Legibly complete the form above.	Enclose a check made payable to	o the Idaho Secretary of	State for \$30.00.	, i
Sign and date this form and return to the address	s provided above.			, Беппе
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