



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 #: 0006214675

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Limited Liability Company (D)

Date Formed: 12/23/2011

Formation Locale: ID

Name and Mailing Address:

LEACHMAN LOGGING, LLC
PO BOX 297
TROY, ID 83871-0297

(1) Add or Change Mailing Address:

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

CASEY LEACHMAN
4061 HIGHWAY 8
TROY, ID 83871

(2) Change RA and/or RO Address:

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 checked="" type="checkbox"/> Mem	Casey E Leachman	PO Box 297 Troy ID 83871	Troy ID 83871
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature:

Casey Leachman

(6) Date:

4-13-25

(7) Type/Print Name:

Casey Leachman

(8) Title:

Owner

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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