



## 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

Sign and date this form and return to the address provided above.

-FILED-

For Office Use Only

B0823-1823 08/07

File #: 0005358699

Date Filed: 8/7/2023 12:05:00 PM

	Phone: (208) 334-2300				7/2
SOS Control Number: 457480 Limited Liability Company (D) Name and Mailing Address:		Filing Status: Inactive-I	Filing Status: Inactive-Dissolved (Administrative)  Date Formed: 04/13/2015 Formation Locale: ID  (1) Add or Change Mailing Address:		023
		Date Formed: 04/13/201			~ -
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5620 W FAIRV				,	u
BOISE, ID 837	06-1167				PM
					Z
Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address:					0
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5620 W. FAIRV			5620 w.	Fairview No	_ ₹
BOISE, ID 837	06		Parca	BELLS Formion Ace Waho 8370,	, <del>Q</del>
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	Note: The Regi	stered Office address must be a phy	vsical Idaho address (no	postal box).	٠,
(3) New Registered Agent (RA) Signature:					င္မ
			item (2) above, the new ag	ent must sign here to accept the app	ointme <b>h</b>
(4) Limited Liabilit These will not be	ty Companies: Enter name accepted. Changes here v	es and addresses of Managers OF will not affect the entity mailing add	R Members. Do NOT puriess. If more space is	ut 'same as last year' or 'same needed, please add an attach	as alfove' ment
Manager/Member	Name	Business Addre	ss	City, State, Zip	<u>.</u>
Mgr Mem	Honey Pata	1 414(F)	EDMONT BLD		SE274
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(5) Signature:	Beener Por	tel	(6) Date: 6/0	<u> </u>	
(7) Type/Print Name	e: Dela Berna	Patel	(8) Title: Men bei		0
Instructions: Lea	tibly complete the form above	Enclose a check made payable to			<del>Π</del> η 70