



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to: No idaho Secretary of State Attn: Reinstatements 450 North 4th Street

Reinstatement fee: \$30.00.				Boise, ID 83720 Phone: (208) 334-2300	
	Number: 418747	Filing Status: Inactive			03/20
Limited Liability	y Company (D)	Date Formed: 04/28/20)14 	Formation Locale: ID	<u> </u>
	iling Address:		(1) Add o	d or Change Mailing Address:	
LUNCEFORD	& 6TH LLC				2
PO BOX 412	22025				ω 4
HAYDEN, ID 8	00000				_
					PM
Registered Ag	gent (RA) and Registered	d Office (RO) Address:	(2) Chang	ge RA and/or RO Address:	Rec
900 S HRUSK					TO TO
COEUR D'ALE	NE, ID 83814				ive
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	Note: The Regis	tered Office address must be a pl	nysical Idaho a	address (no postal box).	
(3) New Penie	tered Agent (RA) Signat	IIFA'			λq
(3) New Ivegis	tered Agent (104) Oignat	If a new agent is appointed	in item (2) above	o, the new agent must sign here to accept the app	ointment
(4) Limited Liabili These will not be	ity Companies: Enter name accepted. Changes here w	s and addresses of Managers O ill not affect the entity mailing ac	R Members. Idress. If mor	Do NOT put 'same as last year' or 'same e space is needed, please add an attach	e as above'. hment. 02
Manager/Member	Name	Business Addr	ess	City, State, Zip	ű
☐Mgr ☑Mem	PAT Schle	ME ROBOX	412	Howden, Id	2380BX
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(5) Signature:	PA SACO	~/	(6) Date:	8-28-19	awer
(7) Type/Print Nam	10: Patsdal	90,90	(8) Title:	OFFICER	en
					O O
		Enclose a check made payable to	the Idaho Sec	cretary of State for \$30.00.	
Sign and date this	form and return to the address	рточиви вроуе.) ej
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