



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

File online at: sosbiz.idaho.gov

## Return completed form to:

Idaho Secretary of State Attn: Reinstatements

	Dainetetement feet \$20.00		7	450 North 4th Street Boise, ID 83720	!
	Reinstatement fee: \$30.00		J	Phone: (208) 334-2300	
SOS Control Number: 62075 Filing		Status: Inactive-Dissolved (Administrative)			
Limited Liability Company (D) Date		Formed: 07/27/2001	001 Formation Locale: ID		
Name and Mai ALPINE INDUS PO BOX 341 DEARY, ID 83	STRIAL LLC	(	1) Add or Change Mailir	ng Address:	
Registered Ag BRUCE L BAU 2810 BIG BEAI DEARY, ID 83	R RIDG RD	O) Address:	2) Change RA and/or R	O Address:	
(4) Limited Liabili	Note: The Registered Office at tered Agent (RA) Signature:  If a   ty Companies: Enter names and address accepted. Changes here will not affect	new agent is appointed in item	(2) above, the new agent	must sign here to accept the ap	ne as above'.
Manager/Member	Name	Business Address		City, State, Zip	
Mgr Mem	BRUCE BAUMGARTNER	2810 BIG BEAR T	RIDGE RD.		83823
Mgr ⊠Mem	JANICE BAUMGARTNER	SAME		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
☐Mgr 汉Mem	ROBIN BAUMGARTNER	SAME			
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(5) Signature:	enice Baumgartner	(0	6) Date: (0-29-	- 20	
(7) Type/Print Name: Lanice Baumgartner			8) Title: owner		
•	gibly complete the form above. Enclose a ch form and return to the address provided abo	• •	laho Secretary of State	e for \$30.00.	