



File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

Phone: (208) 334-2300

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

Boise, ID 83720

Idaho Limited Liability Co	mpany Reinstatement	Form
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For Office Use Only

-FILED-

File #: 0005640628

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SOS Control Number: 301354		Filing Status: Inactive-Dissolved (Administrative)					
Limited Liability	Company (D)	Date Formed: 10/19	9/2010	Formation	Locale: ID		
Name and Mai COMPLETE AU 4902 W WILLO BOISE, ID 837	JTO LLC DW LN		(1) Add or	Change Mailir	ng Address:		
Registered Ag ERIC E BARNE 4902 W WILLO BOISE, ID 837	OW LN 03	ice (RO) Address: Office address must be	•	e RA and/or Ro			
(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 about 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 A	ddress		City, State, Zip		
Mgr	Eric Barnes	4900	w will	In Las	Ruise, Tis. 85703		
(5) Signature:	EnBanes		(6) Date:	2-6	-24		
(7) Type/Print Name	· Erices	29MAC	(8) Title:	Own	W.		
Instructions: Lea	ibly complete the form above. Enclo	se a check made pavab	le to the Idaho Sec	retary of State	for \$30.00.		