



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to Idaho Secretary of State Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boice ID 83720

Reinstatement fee: \$30.00.			Phone: (208) 334-2300		04/
SOS Control Number: 525357		Filing Status: Inactive-Dis	Filing Status: Inactive-Dissolved (Administrative)		20
Limited Liability Company (D) Date		Date Formed: 10/24/2016	Formation	Locale: ID	021
Name and Ma	iling Address:		(1) Add or Change Mailir		<u> </u>
VALLEY LEAS	ING LLC		Address Chang		2
1 SKINNER RANCH RD			ale Haynes C	reek Ad.	ú
SALMON, ID 83467-5238			ale Haynes Creek Ad. Salmon, ID 83467		o
			04/11-01/11	00107	AM
Registered Ag	gent (RA) and Registered	Office (RO) Address:	(2) Change RA and/or R		ਨ
JOE MILLER			Address Change to:		eceived
1 SKINNER RA			26 Haynes Creek Rd. Salmon, ID 83467		ø.
SALMON, ID	83467		Salmon, ID 8.	3701	<
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	Note: The Registe	ered Office address must be a physi	cal Idaho address (no po	estal box).	σ
(2) Now Posis	tored Agent (DA) Signatu	m An Miller			ĀФ
(3) New Regis	tered Agent (RA) Signatu	The new agent is appointed in ite	em (2) above, the new agent	must sign here to accept the appoint	ment.
(4) Limited Liabil These will not be Manager/Member	ity Companies: Enter names accepted. Changes here will Name	and addresses of Managers OR M not affect the entity mailing addre	ess. If more space is ne	same as last year or 'same as eded, please add an attachme	above'.
Mgr Mem	Joe Miller	ab Haunes Cr		Salmon In 83467	0
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(5) Signature:	Joe Miller	<u> </u>	(6) Date: 2-26-2	(aweren
(7) Type/Print Name: JOE MILLE B			(8) Title: Owner	mbr Imer.	en ¢
Instructions: Le	gibly complete the form above. E	nclose a check made payable to the	Idaho Secretary of State	1.0	Ů,
	s form and return to the address p	_		· y	Ā