



Idaho Limited Liability Company Reinstatement Form

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

Return completed form to:

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

For Office Use Only

B0846-5106

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(E ± 0)	Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300		File #: 0005505579 Date Filed: 12/4/2023 10:59:00 AM	12/04/2
SOS Control Number: 3509932		Filing Status: Inactive-Dissolved (Administrative)		023
Limited Liability Company (D)		Date Formed: 05/14/2019	Formation Locale: ID	
			r Change Mailing Address:	0:59 AM
Registered A STEVE HAHN 302 N 3RD ST MCCALL, ID	T STE C	d Office (RO) Address: (2) Chang	ge RA and/or RO Address:	Received
(4) Limited Liab	stered Agent (RA) Signat	If a new agent is appointed in item (2) above and addresses of Managers OR Members.	e, the new agent must sign here to accept the appointment. Do NOT put 'same as last year' or 'same as above space is needed, please add an attachment.	by Office
Manager/Member		Business Address	City, State, Zip	Πo
Mgr ∑Mem	STEVE HAIRY	PUBOX41672	McCau, FIDA EJG71	ভ া
MgrMem	TREW HALLY	P.O. Dox 4672	McCon, In 83630	ज #
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(5) Signature:	-5	(6) Date:	11-18-2017	tary
(5) Signature: (6) Date: 1/-18-2023 (7) Type/Print Name: STEXE 14 PHM (8) Title: 12 WMS				0
Instructions: Le	egibly complete the form above.	Enclose a check made payable to the Idaho Sec	cretary of State for \$30.00	— _₩