



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

File online at: sosbiz.idaho.gov

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

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

Reinstatement fee: \$30.00.					Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 383465 Limited Liability Company (D)			Filing Status: Inactive-Dissolved (Administrative)			202
			Date Formed: 05/09/2013 Formation Locale: ID		on Locale: ID	21
Name and Ma MINI BARNS S 1411 3RD ST S NAMPA, ID 83	STORAGE SH S		(1) Add or Change Mailing Address:			1:18 PM
Registered Agent (RA) and Registered Office (RO) Address:  MICHAEL C HARN II  11357 LINDEN RD  CALDWELL, ID 83605  Note: The Registered Office address must be a physical Idaho address (no postal box).						Received by
(4) Limited Liabil These will not be	ity Companies:	Enter names a	If a new agent is appointed in addresses of Managers OF not affect the entity mailing addresses.	R Members. Do NOT p	ent must sign here to accept the app ut 'same as last year' or 'same needed, please add an attach	as <b>#</b> ove'
Manager/Member	Name		Business Addre	Business Address		0
Mgr Mem	MIKE	Har	1:357 LIS	Iden RD	caldwell ID	State Lawe
(5) Signature:	M			(6) Date: 4/1	6 2021	awerenc
(5) Signature: (6) Date: 4/16 202/ (7) Type/Print Name: mike Harr (8) Title: By MBR						<u> </u>
Instructions: Le	aibly complete the	e form above. En	close a check made payable to	the Idaho Secretary of S	tate for \$30.00.	Ā