



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
Attn: Reinstatements
450 North 4th Street

Reinstatement fee: \$30.00.					450 North 4th Street Bolse, ID 83720 Phone: (208) 334-2300	
	lumber: 549259	•	Inactive-Dissolv	•	•	- 21
imited Liability	Company (D)	Date Formed:	04/12/2017	Formation	Locale: ID	
Name and Mai	ling Address:		(1) Add or Change Mailing Address:			2
	AFE AND LOUNGE LLC					54
817 N CASSIA IAMPA, ID 83						-
						AM
FERRY W DIC		l Office (RO) Addr	1988: (2)	Change RA and/or R	O Address:	Rece
817 N CASSIA	-					ive
NAMPA, ID 83	001		•			e A
	Note: The Pegist	tered Office address n	nuet he a nimeical k	leho eddaese (no no	netal hovi	کِ
			idet by a priyettal (ieno addiese (no po	isan boxj.	Κ.
3) New Regist	tered Agent (RA) Signati	ure:	is appointed in Item (2)	above, the new agent	must sign here to accept the appoi	intmels.
i) Limited Liabili hese will not be	ty Companies: Enter names accepted. Changes here wi	s and addresses of M ill not affect the entity	lanagers OR Memi mailing address.	pers. Do NOT put '	same as last year or same a seded, please add an attach	nent [®]
lanager/Member	Name	Busin	ess Address		City, State, Zip	Ť
Mgr Mem	terry DICE	2 हि	1 NCass	sia SI-	Nampa ID	836
Mgr ☑Mem Mgr ☐Mem	Tamera D	ice 181	TNass	ia st	hamper ID	8245E
]Mgr ☐ Mem						_
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-1a. (-)a.((<u> </u>	<u> </u>
(5) Signature:	Jan Deni		<u>X</u> (6)	Date: 7/20/.	2024	aweren «
(7) Type/Print Nam	a: Try Dice		X(8)	Title: Outres	Mar/ MEM) Lie
Instructions: Le	gibly complete the form above.	Enclose a check mad	e payable to the ide	ho Secretary of Sta	te for \$30.00.	Õ