



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
Boise, ID 83720

	Reinstatem	ent fee: \$30.00		Boise, ID 83720 Phone: (208) 334-2300		
SOS Control Number: 608657 Fili			iling Status: Inactive-Dissolved (Administrative)			4/20
		_	Formed: 05/16/2018	·	n Locale: ID	21
Name and Ma A A REMODEL 2901 N OLD S MERIDIAN, ID	ING LLC TONE WAY		(1) Add or Change Mailing Address:			2:48 PM
		tered Office (R	(O) Address:	(2) Change RA and/or	RO Address:	Received
(4) Limited Liabili	tered Agent (RA) Signity Companies: Enter n	gnature:	sses of Managers OR N	em (2) above, the new age	postal box). ent must sign here to accept the appoint at 'same as last year' or 'same as needed, please add an attachme	s abov a '.
Manager/Member Name			Business Address		City, State, Zip	
Mgr Mem Mgr Mem	Armando	Arenas	2901 N.ole		meridian II 83646	tary of State Lawerence
(5) Signature:				(6) Date: 5-14	-21	i el
(7) Type/Print Nam	ne: Armond	to Arev	nas	(8) Title: Own	er I Mar.	<u> </u>
Instructions: Le	gibly complete the form ab			e Idaho Secretary of St	ate for \$30.00.	Ď