



# Idaho Limited Liability Company Reinstatement Form

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For Office Use Only

Re **-FILED-** d form to:  
Id State

File #: 0004716885 atements

Date Filed: 4/14/2022 10:45:00 AM  
Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 3943573

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 07/20/2020

Formation Locale: ID

## Name and Mailing Address:

(1) Add or Change Mailing Address:

Peak Welding LLC  
163 WOODRIDGE DR  
TWIN FALLS, ID 83301-8156

## Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

REGISTERED AGENTS INC  
784 S CLEARWATER LOOP STE R  
POST FALLS, ID 83854

Note: The Registered Office address must be a physical Idaho address (no postal box).

## (3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Brian Bordewyk	163 Woodridge Dr	Twin Falls, ID 83301
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature:

*Brian Bordewyk*

(6) Date:

4-10-22

(7) Type/Print Name:

Brian Bordewyk

(8) Title:

owner

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.

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

B0697-1362 04/14/2022 10:45 AM Received by ID Secretary of State Lawrence Denney