



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

File online at: sos.idaho.gov

## Return completed form to:

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(3)

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise. ID 83720

	Reinstatement	Boise, ID 83720			
				Phone: (208) 334-2300	9.,
		Filing Status: Inactive-Di		<u>.</u>	
Limited Liability Company (D) Date		Date Formed: 05/06/2005	5 Formation I	Locale: ID	Cal
Name and Mai PARK HAMPTO 104 44TH ST GARDEN CITY	ON LLC		(1) Add or Change Mailir 8700 Eask I	g Address: Chapannal R Ed 83616	
Registered Ag JOHN A WOOI 116 E 44ST GARDEN CITY	D	ed Office (RO) Address:	(2) Change RA and/or Re Tolu W E 1050 C	^	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Note: The Reg	istered Office address must be a phys	sical Idaho address (no po	stal box).	!;;
(3) New Regist	tered Agent (RA) Signa		tem (2) above the new agent	must sign here to accept the appoin	ntment in
(4) Limited Liabili These will not be	ty Companies: Enter name accepted. Changes here	es and addresses of Managers OR I will not affect the entity mailing addr	Members. Do NOT put 's	same as last year' or 'same a	s above!
Manager/Member	Name	Business Addres	s	City, State, Zip	1
Mgr	John 10	200 (h	refamel NI	Eagle Id V	1.36
MgrMem				<u></u>	į
(5) Signature:	AMO		(6) Date: \( \text{Wews-}	-	
(7) Type/Print Name: John We cel			(8) Title:		
Instructions, I oc	within assemblate the forms obeye	Englace a check made navable to th	a ldaha Caanatani of State	. for \$20.00	

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.