



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

| | Reinstatement | fee: \$30.00. | | Boise, ID 83720 Phone: (208) 334-2300 | |
|---|-------------------------------|------------------------------|---|---|----------|
| SOS Control Number: 154064 | | • | Filing Status: Inactive-Dissolved (Administrative) | | |
| Limited Liability Company (D) | | Date Formed: 02/1 | Date Formed: 02/10/2006 Format | |). 2 |
| Name and Mai ALPINE CONS 416 N 3900 E RIGBY, ID 834 | STRUCTION MANAGEM | ENT, L.L.C. | 1263 N. | (1) Add or Change Mailing Address: 1263 N. GAWAINE PL. BOISE ID 83704 (2) Change RA and/or RO Address: Lawid STAUFFER 1263 N. GAWAINE PL BOISE ID 83704 | |
| NO AGENT | SNED OR INVALID | ed Office (RO) Address: | 1263 N. | | |
| (4) Limited Liabili | tered Agent (RA) Signa | If a new agent is appo | unted in item (2) above, the new agers OR Members. Do NOT p | p postal box). The property of the appoint of the | s above' |
| Manager/Member Name | | Business A | Address | City, State, Zip | |
| Mgr Mem Mgr Mem Mem Mem Mem Mem Mem Mem Mgr Mgr | DAVID R STAUS | | GAWAINE PL GAWAINE PL | BOISE, ID 83704 | |
| Mgr Mem Mgr Mem Mgr Mem Mgr Mem | | | | | |
| (5) Signature: (7) Type/Print Nam | 12 X/28 10: AUID R. | STAUFFER | (6) Date: 3 (8) Title: | 16.20 SIPENT / MANAGER | - 0 |
| | gibly complete the form above | . Enclose a check made payal | ble to the Idaho Secretary of S | State for \$30.00. | m |