



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form (S):

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

Denney

Reinstatement fee: \$30.00.						Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 604092 Filin			g Status: Inactive-Dissolved				\ \
Limited Liability Company (D) Date		Formed: 04/	10/2018	Formation Locale: ID		19	
Name and Mai ABOVE & BEY 3237 W 3400 N MOORE, ID 83	OND IMAGER	(1) Add or Change Mailing Address:				2:13 PM	
Registered Agent (RA) and Registered Office (RO) Address: JOHN KANGAS 3237 W 3400 N MOORE, ID 83255							Received
(3) New Regist (4) Limited Liabilit These will not be	tered Agent (I	Enter names and addre	a new agent is app	ointed in item (2) a	ove, the rew ag	ent must sign there to a scept the apput ut 'same as last year' or 'same needed, please add an attack	o as Above'
Manager/Member	Name		Business Address			City, State, Zip	Ď
Mgr	OHO	LANGAS	3237	w 340		MECKE, ID 8	ary of State L
(5) Signature:		1		(6) Dat	- 17	23/19	awerenc
(7) Type/Pfint Name	e:	HN KANG	<u> </u>	(8) Title): F	KGR	O O

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.