	Idaho Limited Liak File online at: sosbiz.idah Return completed form to: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	• • •		nent Form For Office Use Only -FILED- File #: 0005451085 Date Filed: 10/23/2023 11:04:00 A	
SOS Control Number: 277496		Filing Status: Inactive-Dissolved (Administrative)			
Limited Liability Company (D)		Date Formed: 12/24/20	09	Formation Locale: ID	
			(1) Add (or Change Mailing Address:	
MIKE KELSE	VOOD RIVER RD	Office (RO) Address:	(2) Char	nge RA and/or RO Address:	
	Note: The Registe	red Office address must be a pl	nysical Idaho	address (no postal box).	
(3) New Reg	istered Agent (RA) Signatu		n item (2) abov	ve, the new agent must sign here to accept the appointn	

(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				
Mgr Mem	Mike Kelsey	20 Box 291	Currey, Idaho B3320				
Mgr 🕅 Mem	KAY C Keisely	P.O. Buy 291	Curry, Idaho B3320 Curry, Idaho B3320				
Mgr Mem							
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Mgr Mem							
Mgr Mem							
(5) Signature:	The		19 2023				
(7) Type/Print Nam	e: Mike Kelsey	(8) Title: Mande	y.ee				

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.