



Idaho Limited Liability Company Reinstatement Form

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

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	File online at: sosbiz.ic Return completed form to: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	_	-	_		F	For C -F ile #: 00062	Office Use Onl ILED- 06294 /3/2025 2:49:0	y 00 PM	-2962_04/0 3/2
SOS Control I	Number: 451996	Filing	Status:	Inactive-Dis	ssolved (A	dministrativ	/e)			8 25
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4) Limited Liabil These will not be	ity Companies: Enter nam accepted. Changes here	es and addres will not affect	ses of Ma the entity	nagers OR M mailing addre	dembers. I ess. If more	Do NOT put ' e space is ne	same as la eded, plea	ist year' or 'sa ise add an at	ame as a tachmen	晚 to
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5) Signature:	Elle				(6) Date:	1/3	125			ary
(7) Type/Print Name: Dizaboth Montandon (8) Title: Manger									Н	
Instructions: Le	gibly complete the form above	. Enclose a ch	eck made	pavable to the	e Idaho Sec	retary of State	e for \$30.00	١.		1