



Idaho Limited Liability Company Reinstatement Form

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Reinstatement fee: \$30.00.				Boise, ID 83720	
1			Phone: (208) 334-2300		
SOS Control	Number: 276608	Filing Status: Inact	Filing Status: Inactive-Dissolved (Administrative)		
Limited Liabilit	ty Company (D)	Date Formed: 12/1	Formed: 12/14/2009 Formation Locale: ID		
Name and Ma ROBERT FRA PO BOX 247 NAMPA, ID 8	·		(1) Add or Change	e Mailing Address:	
PHILIP A PETI	ERSON KLIN RD STE 200	red Office (RO) Address:		nd/or RO Address: Code to: 83687-7901	
(4) Limited Liabili These will not be	tered Agent (RA) Signality Companies: Enter namaccepted. Changes here	If a new agent is appoint is appoint is appoint if a new agent is a new agent is a new agent is a new agent is a new agent in a new agent is a n	inted in item (2) above, the nevers OR Members. Do NOng address. If more spac	v agent must sign here to accept the appointment. T put 'same as last year' or 'same as above e is needed, please add an attachment.	
Manager/Member	Name	Business A	ddress	City, State, Zip	
Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem	ROBERT FRANZ	POST OFFICE BOX 247	NAMPA, ID U	SA 83653-0247	
MgrMem _MgrMem		`			
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(5) Signature:	Ma	~	(6) Date:	AN 9, 2023	
(7) Type/Print Nam	ne: Robert Fra	anz	(8) Title: M€	ember	

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.