		nited Liabili	ity Company R	einstaten	nent Fo r	m For Office Use Only	17 20 00 	
File online at: sosbiz.idaho.gov						Return completed form Idal -FILED- tate	dis dis	
COT 19						Attn: Beinstatements File #: 0004806030	1999.199	
						450 NOTIN 4TN Street Date Filed: 6/30/2022 3:28:00 PM		
Reinstatement fee: \$30.00.						Phone: (208) 334-2300		
SOS Control	Number: 4178	3874	Filing Status: Inactiv	e-Dissolved (Administrati	ve)	Phil	
Limited Liability			Date Formed: 02/19/					
Name and Mailing Address: (1) Add or Change Mailing Address:						ling Address:		
Harmony, LLC								
7154 W STATE ST # 155 BOISE, ID_83714-7421								
, · ···								
Registered Ag	ent (RA) and	Registered Off	ice (RO) Address:	(2) Char	ige RA and/or l	RO Address:	л Ю	
DAN LEBEAU, CPA							C) (D)	
1012 N MAIN ST MERIDIAN, ID 83642							lusia ali _{ng}	
	00042							
	No	te [,] The Registered	Office address must be a	nhysical Idaho	address (no r	oostal box)	fransi 1) ₍₁₂ 1 ¹ ₁₁₁	
Note: The Registered Office address must be a physical Idaho address (no postal box).							isij _{ej}	
(3) New Registered Agent (RA) Signature: If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointm							tment. 🗍	
(4) Limited Liabili These will not be	ty Companies: accepted. Cha	Enter names and inges here will not	addresses of Managers affect the entity mailing	OR Members. address. If mo	Do NOT put pre space is n	'same as last year' or 'same as eeded, please add an attachme	ent. 🖤	
Manager/Member		.	Business Ad		•	City, State, Zip		
Mgr Mem	Всил	C. Crist	7154 W.	State St	STE 155	BOISE 10 83714		
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	oll.	1 /1 h			i			
(5) Signature: (6) Date: $6/3\pi/2\sqrt{22}$								
(7) Type/Print Nam	(7) Type/Print Name: Bruce C Crist (8) Title: Owner hor							
Instructions: Leg	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.