



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only

Ret **-FILED-** form to

Ida _____, State

File #: 0005057876

Date Filed: 1/3/2023 10:29:00 AM

Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 4310952

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 06/09/2021

Formation Locale: ID

Name and Mailing Address:

Rustic Roost Rentals, LLC
PO BOX 55
PECK, ID 83545-0055

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

~~General~~ Thomas Lougee
219 N BELLE
PECK, ID 83545

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

Thomas Lougee

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as ab 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
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	Thomas Lougee	219 N. Belle	Peck, ID 83545
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Thomas Lougee

(6) Date:

12-7-22

(7) Type/Print Name:

Thomas Lougee

(8) Title:

Manager/owner

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.

B0763-1613 01/03/2023 10:29 AM Received by Office of the Idaho Secretary of State