



# Idaho Limited Liability Company Reinstatement Form

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ck# 1015

For Office Use Only

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File #: 0005123843 of State

Attn: Reinstatement  
Date Filed: 2/16/2023 9:49:00 AM  
450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 527933

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 11/18/2016

Formation Locale: ID

## Name and Mailing Address:

(1) Add or Change Mailing Address:

DREAM HOMES, LLC  
372 S EAGLE RD PMB 385  
EAGLE, ID 83616-5908

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

(2) Change RA and/or RO Address:

PARACORP INCORPORATED  
1555 W SHORELINE DR STE 100  
BOISE, ID 83702

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

## (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 appointment.

(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
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Stephen Litvinoff	372 S. Eagle RD PMB385	Eagle, ID 83616
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Helehe Litvinoff	372 S. Eagle RD PMB385	Eagle, ID 83616
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(5) Signature: Stephen Litvinoff

(6) Date: 2-13-2023

(7) Type/Print Name: Stephen Litvinoff

(8) Title: Manager

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.

B0763-6153 02/16/2023 9:49 AM Received by Office of the Idaho Secretary of State