

SOS Control Number: 79988



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

Phone: (208) 334-2300

For Office Use Only

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Limited Liability	Company (D)	Date Formed: 01/07/2003	Formation Locale: ID	N
Name and Mai JORDAN REN' SAM JORDAN 104 E FAIRVIE MERIDIAN, ID	TAL PROPERTIES, LLC W AVE # 225	(1) A	dd or Change Mailing Address:	:11 PM Re
Registered Ag CHRISTY JOR 2182 W. SOUT EAGLE, ID 836	H FORK DR.	Fice (RO) Address: (2) C	hange RA and/or RO Address:	ceived
(4) Limited Liabili	tered Agent (RA) Signature: ty Companies: Enter names and	If a new agent is appointed in item (2) and addresses of Managers OR Member	aho address (no postal box). The above, the new agent must sign here to accept the appointment ars. Do NOT put 'same as last year' or 'same as ab more space is needed, please add an attachment.	Ove'. Φ
Manager/Member	Name	Business Address	City, State, Zip	o —_⊩
Mgr Mem	Christy Jordan Sam Jordan		the Meidian ID 83647	he Idaho Secret
(5) Signature:	ie: Sam Jora	(6) D	. 10	ary of
	gibly complete the form above. Encl	ose a check made payable to the Idaho	Secretary of State for \$30.00.	رن در در

Filing Status: Inactive-Dissolved (Administrative)