



Idaho Limited Liability Company Reinstatement Form

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For Office Use Only

Return completed form to:
Idat -FILED- tate

File #: 0005020281 450 North 4th Street
Date Filed: 12/7/2022 10:50:00 AM

	Reinstatement fee): \$30.00.		20.00, .2 00.20	
i				Phone: (208) 334-2300	
SOS Control N	Number: 112752	Filing Status: Inactive-Dis	us: Inactive-Dissolved (Administrative)		
Limited Liability Company (D)		Date Formed: 09/17/2004	Formation	tion Locale: ID	
Name and Ma	iling Address:		(1) Add or Change Mailir	ng Address:	
	ESH PASTA, LLC				
SIGITA CERN	IUS				
408 W WILLIA					
BOISE, ID 837	706-4358				
Registered Ag	gent (RA) and Registered C	Office (RO) Address:	(2) Change RA and/or R	O Address:	
SIGITA A CER	NIUS				
408 E WILLIAN	MS ST				
BOISE, ID 837	706				
	Note: The Register	ed Office address must be a physic	cal Idaho address (no po	estal box).	
3) New Regis	tered Agent (RA) Signatur				
		If a new agent is appointed in ite	m (2) above, the new agent	must sign here to accept the appointment.	
4) Limited Liabili	ity Companies: Enter names a	nd addresses of Managers OR M	lembers. Do NOT put 's	same as last year' or 'same as abo	
				eded, please add an attachment.	
/lanager/Member	Name	Business Address		City, State, Zip	
Mgr Mem	SIGITA CERNILI	FARANT FA	ESIT PASTO LLC	与BUISE I.D 8370	
Mgr Mem		\$ 408 WILL	LIAMS ST.		
Mgr Mem					
MgrMem					
MgrMem					
_MgrMem					
Mgr Mem					
Mgr					
MgrMem					
_MgrMem					
Mgr Mem					
5) Signature:	J. Aa Claur	_	(6) Date: NOV	7. 2017	
7) Type/Print Name: SIGITA A. CEXNILLS			(8) Title: CWNOR & MANATIM		
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	214117.6	EXIVIUS	CV-116/C	- el /VIA/V/(71+)	
Instructions: Le	gibly complete the form above. En	close a check made payable to the	Idaho Secretary of State	e for \$30.00.	

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.