



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

-FILED-

File #: 0005631901

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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 type="checkbox"/> Mem	Stephen Litvichoff	372 S. Eagle RD PMB 385	Eagle, ID 83616
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Heldne Litvichoff	372 S. Eagle RD PMB 385	Eagle, ID 83616
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(5) Signature:

Stephen Litvichoff

(6) Date:

3-4-2024

(7) Type/Print Name:

Stephen Litvichoff

(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.

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