



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 #: 0006019806

Date Filed: 12/5/2024 12:14:00 PM

SOS Control Number: 55739

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 12/21/2000

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

SCHARNHORST PETROLEUM, L.L.C.
PO BOX 355
GENESEE, ID 83832-0355

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

(2) Change RA and/or RO Address:

BRUCE R SCHARNHORST
527 CHESTNUT ST
GENESEE, ID 83832

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	Bruce Scharnhorst	527 Chestnut St.	Genesee, Id 83832
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Holly Scharnhorst	527 Chestnut St.	Genesee, ID 83832
<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: _____

Holly K Scharnhorst

(6) Date: _____

12-2-2024

(7) Type/Print Name: _____

Holly K. Scharnhorst

(8) Title: _____

Book Keeper / member.

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.

B0959-3153 12/05/2024 12:14 PM Received by Office of the Idaho Secretary of State