

**SOS Control Number:** 67912



## 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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File #: 0005765288

Date Filed: 6/4/2024 9:47:00 AM

Limited Liability Company (D)		Date Formed: 02/08/2002	Formation	mation Locale: ID			
445 W HIGHW	LING AND PUMP, LLC	(1)	Add or Change Mailin	g Address:			
Registered Ag BRAD FINDLA 445 W HIGHW BLACKFOOT,	AY 26	ice (RO) Address: (2)	Change RA and/or RO	O Address:			
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 r	nust sign here to accept the appointment.			
(4) Limited Liabili These will not be	ty Companies: Enter names and accepted. Changes here will not	addresses of Managers OR Memb affect the entity mailing address.	ers. Do NOT put 's f more space is nee	ame as last year' or 'same as abo eded, please add an attachment.			
Manager/Member	Name	Business Address		City, State, Zip			
Mgr Mem	Brad Findlan	445 W. Hun	.26	Blackfoot IN 83			
☐Mgr ② Mem 、	J. Marie findla	445 W. He	y,26	Blackfoot TD 8300			
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(5) Signature:	Harrie Fragl	22	Date: 5-20	- 2024 v/member			
Instructions: Leg	o Marie ITM	se a check made payable to the Idah	o Secretary of State	1			

Filing Status: Inactive-Dissolved (Administrative)