



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

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

Reinstatement fee: \$30.00.					450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	
SOS Control I	Number: 495331	Filing	Filing Status: Inactive-Dissolved (Administrative)			
Limited Liability Company (D)		Date F	Formed: 03/03/2016	5 Form	ation Locale: ID	
Name and Ma "THE DIAMON 3059 N 3422 E KIMBERLY, ID				(1) Add or Chang	e Mailing Address:	
Registered Aç JEFFREY H R 3059 N 3422 E KIMBERLY, ID	•	stered Office (RC	O) Address:	(2) Change RA a	nd/or RO Address:	
(4) Limited Liabil	itered Agent (RA) Si	ignature: If a n	ses of Managers OR I	em (2) above, the nev	(no postal box). v agent must sign here to accept the appointment. T put 'same as last year' or 'same as above is needed, please add an attachment.	
Manager/Member	Manager/Member Name		Business Address		City, State, Zip	
Mgr Mem	Teffrey HS	Sichmond	3059N 34	22 <i>É</i>	Kimber 1. Id 88341	
Mgr Mem	Mona W. F	Rehmond	3059 N 34	1228	Kunberty D. 8334	
(5) Signature: (7) Type/Print Nam	-J-47-5/-17		1	(8) Title: 2	26-21 26-21 Owner	
Instructions: Le	gibly complete the form all	bove. Enclose a ch e				