



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

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

Reinstatement fee: \$30.00.					se, ID 83720 ne: (208) 334-2300	3/05/
SOS Control Number: 529312		Filing Status:	Inactive-Dissolved			2
Limited Liability Company (D)		Date Formed:	Date Formed: 11/28/2016 Formati		on Locale: ID	
Name and Mai VZ BAR LLC 2131 S 75TH V IDAHO FALLS	_		(1) Add or (Change Mailing Addr	ess:	N 10:35
Registered Ag BOB B ROWLA 2131 S 75TH V IDAHO FALLS,	V , ID 83402		ess: (2) Change	RA and/or RO Addr		AM Received
(4) Limited Liabili	tered Agent (RA) Signatury ty Companies: Enter names accepted. Changes here wil	If a new agent and addresses of M	is appointed in item (2) above, anagers OR Members. D mailing address. If more	o NOT put 'same a	as last year' or 'same as	above'.
Manager/Member	Name	Busin	ess Address	City	, State, Zip	CI.
Mgr Mem	Bob Rawland	JK 213	<u> </u>		laho Falls Id. 8	
Mgr ☑Mem	Bob Rowland	SR, 170	3 Grendonew	DR. Id	loho Falls Id. 8	3403
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(5) Signature:	Bob Roul of	1	(6) Date:	· 28 · 20		aweren
(7) Type/Print Name: Bob Rowland JR. (8				owner		<u> </u>
•	gibly complete the form above. E		payable to the Idaho Secr	etary of State for \$3	0.00.	<u>Ω</u>