



## 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

Sign and date this form and return to the address provided above.

For Office Use Only

-FILED-

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3:18

Received

Secretary

State

File #: 0006021536

Date Filed: 12/6/2024 3:18:00 PM

	Phone: (208) 334-2300			
SOS Control Number: 576334		Filing Status: Inactive-Dissolved (Administrative)		
Limited Liability Company (D)		Date Formed: 10/30/2017	Formation	Locale: ID
Name and Mai B6 LLC PO BOX 354		(1)	Add or Change Mailin	ng Address:
	ent (RA) and Registered Offic	ce (RO) Address: (2)	Change RA and/or Re	O Address:
GEORGIE MARING			1/-1/20	Matz
504 BLUE SKY RD			Naiven	P. L. RA
BONNERS FERRY, ID 83805			159 Ball	Metz c Ridge Rd 84
		1	70 BOX 25	84
			Kooskia	ID 83539
	Note: The Registered C	Office address must be a physical lo	laho address (no po	stal box).
(3) New Regist	tered Agent (RA) Signature:	If a new agent is appointed in item (2)	above, the new agent	must sign here to accept the appointment.
	ty Companies: Enter names and a accepted. Changes here will not a			same as last year' or 'same as above' eded, please add an attachment.
Manager/Member	Name	Business Address		City, State, Zip
Mgr 🌉 Mem	Marilan Zottne	CK 2921 ScenicHill	s Drive.	Clarkston WA 9940
∭Mgr <b>∄</b> Mem	Marletie Bouis	2921 Scenic Hi	ills Drive	Clarkston Wa 9940
☐Mgr 💋 Mem	Marva Maring	281 Bidgewi	ood Road	Movie Spring Id8
Mgr Mem	· 0	0		
☐Mgr ☐Mem				
☐Mgr ☐Mem				
Mgr Mem				
Mgr Mem				
☐Mgr ☐Mem				
Mgr Mem				
Mgr Mem				
(5) Signature:	Mary Ma	(6)	Date:     -   5	5-2024
(7) Type/Print Name	· Marva Mar	ring (8)	Title: Mer	nher
Instructions: Leg	jibly complete the form above. Enclos	ن) se a check made payable to the Idah	o Secretary of State	for \$30.00.