



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only
Return completed form to:
Idaho - **FILED** - ste
Attn: ~~reinstatement~~
File #: 0004677398
700 North 1st Street
Date Filed: 3/30/2022 3:36:00 PM
Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 488216

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 01/13/2016

Formation Locale: ID

Name and Mailing Address:

SNAKE RIVER ROOFING LLC
525 CROSSPOINT AVE
NAMPA, ID 83686

(1) Add or Change Mailing Address:

7024 OPALINE RD
MEIDA ID
83641

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

GREGG PUFFE *Gregg Puffe*
525 CROSSPOINT AVE
NAMPA, ID 83686

(2) Change RA and/or RO Address:

7024 OPALINE RD
MEIDA ID
83641

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 type="checkbox"/> Mem	GREG PUFFE	7024 OPALINE RD MEIDA	MEIDA ID
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		ID 83641	83641
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(5) Signature:

Gregg Puffe

(6) Date:

3/29/22

(7) Type/Print Name:

GREG PUFFE

(8) Title:

OWNER / MGR

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.

B0690-3103 03/30/2022 3:36 PM Received by ID Secretary of State Lawrence Denney