



Idaho Limited Liability Company Reinstatement Form

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For Office Use Only
Return completed form to: Idal -FILED- tate

450 North 4th Street Date Filed: 12/7/2022 10:50:00 AM

Reinstatement fee: \$30.00.			L		300
				Phone: (208) 334-2	300
SOS Control Number: 203540 Fi		Filing Status: Inactive-Dissolv	ing Status: Inactive-Dissolved (Administrative)		
Limited Liability Company (D)		Date Formed: 06/27/2007	Date Formed: 06/27/2007 Formation Locale: ID		
Name and Mai	iling Address:	(1)	(1) Add or Change Mailing Address:		
408 W WILLIA	MS ST				• ••
BOISE, ID 837					6
-	gent (RA) and Registered C	Office (RO) Address: (2)	Change RA and/or	RO Address:	א מ
SIGITA CERNI 408 WILLIAMS					C,
BOISE, ID 837					n + n ¢
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	Note: The Register	ed Office address must be a physical Id	laho address (no r	oostal box).	ס
(3) New Regis	tered Agent (RA) Signature	a.			م
(o) New Regis	tored Agent (14A) Olginatur	If a new agent is appointed in item (2)	above, the new ager	nt must sign here to accept th	e appointment. C
(4) Limited Liabili	ity Companies: Enter names a	nd addresses of Managers OR Memb	ers. Do NOT put	'same as last year' or 's	same as above'. ^H
I nese will not be Manager/Member	ese will not be accepted. Changes here will not affect the entity mailing a anager/Member Name Business Add				ittachment.
Mgr Mem			C	. 	
Mgr Mem	SKITH CERNIUS	408 WILLIAMS	<u> </u>	BUISE I.D. S	3706 c H
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	110				
(5) Signature:	Syla Ceu	(6)	Date: NOV.	7,2022	0 0 0 0
(7) Type/Print Name: SCATA CERNIUS (8) Title: OWNER & MANAGE					IEV Y
Instructions: Leg	gibly complete the form above. En	close a check made payable to the Idah	o Secretary of Sta	te for \$30.00.	C

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