Secretary

О Н

State Lawerence Denney





Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements

| Reinstatement fee: \$30.00. | | | | | | Boise, ID 83720 Phone: (208) 334-2300 | | | |
|--|----------------|-------------|--|----------------|----------------------------------|--|---|--------------------|--|
| SOS Control Number: 348992 | | | Filing Status: Inactive-Dissolved (Administrative) | | | | | | |
| Limited Liability Company (D) | | | Date Formed: | 04/26/2012 | f | Formation L | ocale: ID | | |
| Name and Mai | iling Address: | | | | | hange Mailin | | | |
| ARBOR CARE LLC | | | | | Arboi | - cav | e ILC | _ | |
| 9326 W WRIGHT | | | | | 1804 | - W. | NEZ P | erce | |
| BOISE, ID 83709 | | | | | 1301 | se I | NEZ P | 3705 | |
| Registered Agent (RA) and Registered Office (RO) Address: JASON FITZ-ROY | | | | | (2) Change RA and/or RO Address: | | | | |
| 9326 W WRIGI | | | | | | | | | |
| BOISE, ID 837 | | | | | | | | | |
| | | | | | • | | | | |
| | | | d addresses of M | anagers OR M | lembers. D | o NOT put 's | nust sign here to accept ame as last year' o nded, please add a | r 'same as above'. | |
| Manager/Member | Na <u>me</u> | | | ess Address | | _ \ | City, State Zip | | |
| Mgr Dwem | JASON | HITZK | 1804 | W. Wez | terre | Base | Darbo | 83705 | |
| Mgr Mem | | | -/ | | | | | | |
| MgrMem MgrMem | | | | | | · · · · · · · · · · · · · · · · · · · | | | |
| Mgr ☐Mem | - | | | | | | | | |
| Mgr Mem | | | | | | | | | |
| Mgr ☐ Mem | | | | | | | | | |
| Mgr ☐Mem | | | | | | | | | |
| MgrMem | | | | | | | | | |
| Mgr Mem | | | | | | | | | |
| MgrMem | | | | | | | | | |
| (5) Signature | groon | Dits | Roy | | (6) Date: | 4/2 | 3/20 | | |
| (7) Type/Print Nam | er Jason | 下下 | itzroy | | (8) Title: | 000 | 502/OF | zerato | |
| Instructions: Leg Sign and date this | • | | lose a check made vided above. | payable to the | Idaho Secre | otary of State | for \$30.00. | | |