



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to lidaho Secretary of State Idaho Secretary of State Attn: Reinstatements

Reinstatement fee: \$30.00.						Boise, ID 83720 Phone: (208) 334-2300	\$/02/
			Status: Inactive		Formation I	ocale: ID	201
Name and Mai	ling Address: R LIVESTOCK, LL NE	1 01111Cd. 0 1700/2	(1) Add	or Change Mailin		9 9:53 AM	
Registered Ag CHRISTIE WO 23517 ODE LA CALDWELL, ID	NE 0 83607	istered Office (R		The second secon	nge RA and/or R0		Received by
(4) Limited Liabilit	tered Agent (RA) ty Companies: Enter accepted. Changes	r names and addre	sses of Managers (OR Members.	Do NOT put 's	nust sign here to accept the appoi ame as last year' or 'same a eded, please add an attachr	as above'.
Manager/Member Mgr Mem Mgr Mem	Name UNISTU	wood	Business Add	ress X S D		City, State, Zip	retary of State Lawe
(5) Signature: (7) Type/Print Nam	viole (1	Mad		(6) Date:	- 1/29/1	9 -/mbr	

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.