



(7) Type/Print Name:

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

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

Phone: (208) 334-2300

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SOS Control Number: 3875247		Filing Status: Inactive-Dissolved (Administrative)			123
Limited Liability Company (D)		Date Formed: 05/12/202	0 Formation	Locale: ID	
Name and Mailing Address: Same Day Carpenter Services LLC CODY ORTIZ 10617 W GILA DR			(1) Add or Change Mailin	g Address:	2:04 PM
KUNA, ID 8363	34-2639				
Registered Ag Cody Ortiz 10617 W GILA KUNA, ID 8363		fice (RO) Address:	(2) Change RA and/or R0	D Address:	Received
(0) Nove Desciet	_	d Office address must be a phys	sical Idaho address (no po	stal box).	ьу Of
(3) New Regist	ered Agent (RA) Signature		item (2) above, the new agent i	must sign here to accept the app	oointme
(4) Limited Liabilit These will not be	y Companies: Enter names and accepted. Changes here will no	d addresses of Managers OR ot affect the entity mailing add	Members. Do NOT put 's ress. If more space is ne	same as last year' or 'same eded, please add an attac	e as at@ve'.
Manager/Member	Name	Business Addres	SS	City, State, Zip	0 #
Mgr	Corly crtiz	10617 West	gila Dr	Kuna; IV 83	the Idaho Secret
(5) Signature:	Can Oran		(6) Date:	-23	tary

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.

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(8) Title: