



Idaho Limited Liability Company Reinstatement Fφrm

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For Office Use Only

Ret ---- form to:

File #: 0004751472 tements 450 North 4th Street
Date Filed: 5/16/2022 9:58:00 AM

	- Ivenistatein	ent fee: \$30.00.			Phone: (208) 334-2300	
			01.1.1.1.5.			
SOS Control Number: 478366		•	Filing Status: Inactive-Dissolved (Administrative)			
Limited Liability Company (D)		Date F	Formed: 10/19/2015	Formatio	Formation Locale: ID	
Name and Mai	_			(1) Add or Change Ma	ailing Address:	
B-RAD INDUS				5000 5		
159 OLDE PARK PLA EAGLE, ID 83616				5920 En	is gh Ave	
EAGEE, ID 03	010			Boise, 1083	1714	
Registered Ag	ent (RA) and Regis	tered Office (RC)) Address:	(2) Change RA and/or	RO Address:	
159 OLDE PAR				r010 +	5- 10 AV2	
EAGLE, ID 83616				5920 En Boise, 10	1519m 12	
				1301se. 10	83714	
	Note: The	Pagistared Office a	ddress must be a physic			
	Note. The	registered Office a	duress must be a physic	ai idado address (no	postal box).	
(3) New Regist	tered Agent (RA) Si		Ungel			
					ent must sign here to accept the appointmen	
(4) Limited Liabili These will not be	ty Companies: Enter n accepted. Changes he	ames and address ere will not affect t	ses of Managers OR Me he entity mailing addres	embers. Do NOT pu ss. If more space is	it 'same as last year' or 'same as at needed, please add an attachment	
Manager/Member	Name		Business Address	•	City, State, Zip	
Mgr Mem	Chric Bro	ad 5 4	5920 Easign	AVO.	Roise (1), 83714	
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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.