



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00. Return completed form to:

Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300

Idaho Secretary of State

For Office Use Only

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Limited Liability	Company (D)	Date Formed: 04/05/20	22 Format	ion Locale: ID
Name and Mail Big Timber Cafe PO BOX 35 HARVARD, ID	e, LLC		(1) Add or Change N	failing Address:
Registered Age John Dyche 2009 DEARY S HARVARD, ID		Office (RO) Address:	(2) Change RA and/	or RO Address:
	tered Agent (RA) Signatur	If a new agent is appointed	in item (2) above, the new a	o postal box). gent must sign here to accept the appointment
These will not be	accepted. Changes here will	not affect the entity mailing a	ddress. If more space i	put 'same as last year' or 'same as abov s needed, please add an attachment.
These will not be Manager/Member	accepted. Changes here will	not affect the entity mailing a Business Add	ddress. If more space i	city, State, Zip
These will not be Manager/Member Mgr Mem	accepted. Changes here will	not affect the entity mailing a	ddress. If more space i	s needed, please add an attachment.
These will not be Manager/Member Mgr Mem Mgr Mem	accepted. Changes here will	not affect the entity mailing a	ddress. If more space	city, State, Zip
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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.