



## Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

## Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

Reinstatement fee: \$30.00.				]	Boise, ID 83720 Phone: (208) 334-2300		
		_	Status: Inactive-Diss		ation Locale: ID		
Name and Mailing Address:				Mailing Address:			
	operties LLC			(1) Add of Change	e manny Audicss.		
1270 HILLCRE	-						
VALE, OR 979	18-5411						
Registered Agent (RA) and Registered Office (ROTERRENCE W ANDRADE 1651 GRAVEYARD POINT RD.			)) Address:	(2) Change RA and/or RO Address:			
HOMEDALE, I		•					
(4) Limited Liabilit		If a national state of the stat	ses of Managers OR Me	mbers. Do NOT	egent must sign here to accept put 'same as last year' or is needed, please add an	'same as above'.	
Manager/Member	Name		Business Address	· · · · · · · · · · · · · · · · · · ·	City, State, Zip		
Mgr ☐Mem	FRRENCE	W. ANDIZADE	1270 HILLER	क्या छार	VALE OF	97918	
Mgr ☐Mem	DEBRA 1	BOASONA	1270 HILLO	70 TZ=1	Vac 03	97918	
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(5) Signature:		w.A.		6) Date: 2 - 2	21-20		
(7) Type/Print Name	TERREN	cz W. Ar	DRAGE !	8) Title: MA	v./mem		
Instructions: Leg	ibly complete the for	rm above. Enclose a che	ck made payable to the f	daho Secretary o	State for \$30.00.		

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