



## Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.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	
SOS Control	Number: 624068	Fili	Filing Status: Inactive-Dissolved (Administrative)			<u> </u>
Limited Liability Company (D)		Dat	te Formed: 08/29/201	B Forma	tion Locale: ID	N 6
Name and Ma BELLA FRAMI PO BOX 611 DONNELLY, II				(1) Add or Change	Mailing Address:	TO LE
ZACHERY T H 107 N IDAHO	ST 83611 (VALLEY C	COUNTY)	(RO) Address:	(2) Change RA and		
(4) Limited Liabili These will not be	accepted. Changes	r names and add	resses of Managers OR ct the entity mailing addi	Members. Do NOT ess. If more space	put 'same as last year' or 'same as is needed, please add an attachme	above',
Manager/Member Mgr Mem	Name	11	Business Addres	clubo St	City, State, Zip	-70 d
Mgr Mem		Hanses				
(5) Signature:	Tours	<u>.</u>		(6) Date: 17	-14-2020 nes/Marayon	
(7) Type/Print Nam	nes/Manager					
-	gibly complete the forms s form and return to the		check made payable to the			'n