



## **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 Boise, ID 83720

Reinstatement fee: \$30.00.					450 North 4th Street  Boise, ID 83720  Phone: (208) 334-2300		
_		•		solved (Administrativ	/e)		
Limited Liability Company (D) Date		Date F	ormed: 06/13/2014	Formation	Locale: ID	G	
Name and Mail HARTLEYS HA PO BOX 3239 HAYDEN, ID 8	NDYMAN SERVICES L	IMITED LIABI	LITY COMPANY	(1) Add or Change Maili	ng Address:		
NO AGENT				(2) Change RA and/or R Dennis 12134 Hayten cal Idaho address (no po	W. HarAley V. Pinetree Ro Idaho 838	35	
	Note: The Reg	istered Office ad	gress must be a physic	cai idano address (no po	ostai box).	*	
(3) New Regist	ered Agent (RA) Signa		more W.	Hat his	must sign here to accept the appoints	<u></u>	
		es and address will not affect th	es of Managers OR M	flembers. Do NOT put	same as last year' or 'same as eeded, please add an attachme	above'	
Mgr Mem	Dennis W4	antlin	POBOX 32	20	Havien to 82	RIS	
Mgr							
(5) Signature: //	Dimni li	4-4		(6) Date: (7) (4)	4 2 / 20	ノンデ	
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(7) Type/Print Name	E JOHNINS	W. TTa	NTIGN	(8) Title: (1)	Mgr	(	
Inchricational Loc	ibly complete the form chave	Cien and data th	U	and december of the desire			

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above