

Idaho Limited Liability Company Reinstatement Form

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For Office Use Only

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Ida -FILED-itate

File #: 0004653008 tements 450 North 4th Street Date Filed: 2/22/2022 1:30:00 PM

Reinstatement fee: \$30.00.			Phone: (208) 334-	-2300
				-2500
SOS Control	Number: 332086	Filing Status: Inactive-Dissolv	ed (Administrative)	Œ
Limited Liabilit	y Company (D)	Date Formed: 10/20/2011	Formation Locale: ID	
MONTEVIEW 1352 SAUER		(1)	Add or Change Mailing Address:	
Registered A DAVID SAUER 1352 SAUER MONTEVIEW	FARMS RD	Office (RO) Address: (2)	Change RA and/or RO Address:	
	Note: The Registe	red Office address must be a physical Id	laho address (no postal box).	Ą
(4) Limited Liabi	stered Agent (RA) Signatur lity Companies: Enter names a e accepted. Changes here will	If a new agent is appointed in item (2) and addresses of Managers OR Memb	above the new agent must sign here to accept ers. Do NOT put 'same as last year' or f more space is needed, please add an	'same as above
(4) Limited Liabi	lity Companies: Enter names a accepted. Changes here will	If a new agent is appointed in item (2) and addresses of Managers OR Memb	ers. Do NOT put 'same as last year' or	the appointment same as above
(4) Limited Liabi These will not be	lity Companies: Enter names a accepted. Changes here will	If a new agent is appointed in item (2) and addresses of Managers OR Memb not affect the entity mailing address.	ers. Do NOT put 'same as last year' or f more space is needed, please add an City, State, Zip	the appointment same as above attachment.
(4) Limited Liabi These will not be Manager/Member Mgr	lity Companies: Enter names a accepted. Changes here will	If a new agent is appointed in item (2) and addresses of Managers OR Membrot affect the entity mailing address. I Business Address [352 Saven]	ers. Do NOT put 'same as last year' or f more space is needed, please add an City, State, Zip	the appointment same as above attachment.

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.