



# Idaho Limited Liability Company Reinstatement Form

File online at: [sos.idaho.gov](http://sos.idaho.gov)

Return completed form to:

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

Reinstatement fee: \$30.00.

SOS Control Number: 305299

Filing Status: Inactive-Dissolved

Limited Liability Company (D)

Date Formed: 12/10/2010

Formation Locale: ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

CEC INNOVATIONS LLC  
1015 MAIN ST  
SALMON, ID 83467

**Registered Agent (RA) and Registered Office (RO) Address:**

(2) Change RA and/or RO Address:

CARLA K EVANS  
1015 MAIN ST  
SALMON, ID 83467

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

*Carla Evans*

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	CARLA K EVANS	sole owner	
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem		1015 Main St.	Salmon Id 83467
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

*Carla Evans*

(6) Date:

*Apr 26 - 2019*

(7) Type/Print Name:

*CARLA EVANS*

(8) Title:

*owner*

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.

B0219-7643 05/03/2019 11:07 AM Received by ID Secretary of State Lawrence Denney