



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
Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 121318

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 01/25/2005

Formation Locale: ID

Name and Mailing Address:

JTL LLC
941 W HACKAMORE CT
NAMPA, ID 83686-4900

(1) Add or Change Mailing Address:

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

john w larson
941W HACKAMORE CT
NAMPA, ID 83686

(2) Change RA and/or RO Address:

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

(3) New Registered Agent (RA) Signature:

John W. Larson

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	JOHN W. LARSON	941 W. HACKAMORE CT	NAMPA, ID 83686
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	THERESA LARSON	" "	" "
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DAVID J. LARSON	512 12TH AVE RD	NAMPA, ID 83686
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(5) Signature:

John W. Larson

(6) Date:

9/2/21

(7) Type/Print Name:

JOHN LARSON

(8) Title:

mgr

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.

B0628-6947 09/07/2021 2:03 PM Received by ID Secretary of State Lawrence Denney