



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

Reinstatement fee: \$30.00.		Boise, ID 83720 Phone: (208) 334-2300	
SOS Control N	lumber: 299557	Filing Status: Inactive-Dissolve	ed
Limited Liability Company (D) Da		Date Formed: 09/27/2010	Formation Locale: ID
Name and Mai ROUNDHOUSI 407 E SHERMA COEUR D ALE	E HOLDING COMPANY, LL AN AVE		dd or Change Mailing Address:
Registered Ag MARY ROBB 107 E SHERM/ COEUR D ALE	NE, ID 83814	ed Office address must be a physical Ida	change RA and/or RO Address:
1) Limited Liabili	tered Agent (RA) Signature ty Companies: Enter names ar accepted. Changes here will n	If a new agent is appointed in item (2) and addresses of Managers OR Membe	above, the new agent must sign here to accept the appointment ers. Do NOT put 'same as last year' or 'same as abov more space is needed, please add an attachment.
Manager/Member	Name	Business Address	City, State, Zip
Mgr Mem	IVIARY LOB		
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5) Signature:	Jom to.) 	ate: 1-31-20
7) Type/Print Nam	eVom LOBB	(8) Ti	itle: President member
	ibly complete the form above. End form and return to the address pro	close a check made payable to the Idaho vided above.	