



## Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

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

B0930-3002

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Limited Liability Company (D) Date I		Date Formed: 05/24/2021	Formation l	₋ocale: ID	<b>_</b>
Name and Mailing Address: Murphys Granary, LLC			(1) Add or Change Mailing	g Address:	: 20
PO BOX 1528 SANDPOINT, I	D 83864-0878				PM Re
LISA HAZAN 534 LAVINA AV			(2) Change RA and/or RC	O Address:	eived
SANDPOINT, I	D 83864 (BONNER COUNTY	<b>'</b> )			አ
(3) New Regis	Note: The Registered tered Agent (RA) Signature:	Office address must be a physical of a new agent is appointed in item			Of f
(4) Limited Liabili These will not be Manager/Member	ty Companies: Enter names and accepted. Changes here will not	addresses of Managers OR Me affect the entity mailing addres	mbers. Do NOT put 'sa s. If more space is nee	ame as last year' or ded, please add an City, State, Zip	'same as above'. attachment.
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(5) Signature:	an Et	2	(6) Date: 8/19/	2024	ary
(7) Type/Print Nam	e: Anahe Estiqu	urribia	(8) Title: Mar	nager	Ŭ Ĥ
	gibly complete the form above. Enclo form and return to the address provic		daho Secretary of State	for \$30.00.	8 8 8