



## **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		Filing Status: Inactive-Dissolve		
Limited Liability Company (D) Da		Date Formed: 04/08/1999	Formation Locale: ID	
Name and Mail SOUTHERN ID 1055 N CURTIS BOISE, ID 837	AHO REGIONAL LABORATO S ROAD	` '	Add or Change Mailing Address:	
Registered Agent (RA) and Registered Office (R RODNEY D REIDER 1055 NORTH CURTIS ROAD BOISE, ID 83706		Odetto 1055 l	Odette C. Bolano 1055 N. Curtis Road Boise, ID 83706	
4) Limited Liabilit hese will not be	ty Companies: Enter names and accepted. Changes here will not	addresses of Managers OR Members affect the entity mailing address. If	above, the new agent must sign here to accept the appointment. ers. Do NOT put 'same as last year' or 'same as above' f more space is needed, please add an attachment.	
Manager/Member	Name	Business Address	City, State, Zip	
Mgr Mem	Saint Alphonsus Diversi Care, Inc.	fied 1055 N. Curtis Ro		
(5) Signature:	O tur	(6) [	Date: 12/11/19	
-	Odette O. Dolano	se a check made payable to the idah	Title: Authorized Signatory for Saint Alphoi Diversified Care to Secretary of State for \$30.00. Inc.	