



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: 538497

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 02/06/2017

Formation Locale: ID

Name and Mailing Address:

KBL ENTERPRISE LLC
PO BOX 399
NAMPA, ID 83653

(1) Add or Change Mailing Address:

12985 Lonestar Road
Nampa Idaho 83651

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

ROBERT S LAFFERTY
6920 OLD BRUNEAU HWY #7
MARSING, ID 83639

(2) Change RA and/or RO Address:

12985 Lonestar Road
Nampa Idaho 83651

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

(3) New Registered Agent (RA) Signature:

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	Robert S Lafferty	12985 Lonestar Road	Nampa Idaho 83651
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

[Handwritten Signature]

(6) Date:

02/21/21

(7) Type/Print Name:

Robert S Lafferty

(8) Title:

Secretary of State Laverne Denney

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.

B0577-3759 02/23/2021 11:23 AM Received by ID Secretary of State Laverne Denney