



## **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	_	lling Status: Inactive-Dissolved ate Formed: 10/16/2017		Formation Locale: ID			2020	
Name and Mailing Address:  LORORI LLC  1115 E BANNOCK ST  BOISE, ID 83712-7917							4:14 PM	
		ed Office (RO)	.ddress:	(2) Change	RA and/or R	O Address:		Received
(4) Limited Liabili	Note: The Regitered Agent (RA) Signal ity Companies: Enter name accepted. Changes here to	If a new	agent is appoir		the new agent	must sign here to ac	r' or 'sam	ne as abov <b>&amp;2</b> chment.
Maŋager/Member	Name	В	Business Address			City, State, Z	<u>1</u>	
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(5) Signature:	Hamala A	Lamley		(6) Date:	1/17	12020		aweren ce
(7) Type/Print Nam	ne: PAMBLA /	EMLES		(8) Title:	SEC	RETARY		n c
Instructions: I se	aibly complete the form above	Enclose a chack	mada navahi	le to the Idaho Sec	etany of State	for \$30.00		æ

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.