



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: 114639

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 10/18/2004

Formation Locale: ID

Name and Mailing Address:

9X LLC
~~PO BOX 5491~~
TWIN FALLS, ID 83303

(1) Add or Change Mailing Address:

9X LLC
205 SHOSHONE ST N. SUITE 101
TWIN FALLS, IDAHO 83301

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

CLAYTON NANNINI
~~195 RIVER VISTA PLACE #304~~
TWIN FALLS, ID 83301

(2) Change RA and/or RO Address:

J FRANCIS FLORENCE
205 SHOSHONE ST N. SUITE 101
TWIN FALLS, IDAHO 83301

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 type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	STEVE DI LUCCA	234 W 500 S	JEROME ID 83338
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	J FRANCIS FLORENCE	205 SHOSHONE ST N. SUITE 101	TWIN FALLS ID 83301
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	BETSY K. FLORENCE	4129 HIDDEN LAKES DR	KIMBERLY ID 83341
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	JEFF BLICK	471 ROSEWOOD DR	TWIN FALLS ID 83301
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	BECKIE KUKAL	34 HORSESHOE CIRCLE	JEROME, ID 83301
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	WILLIAM K BUNN	611 YINGST	JEROME, ID 83338
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	MELINDA BUNN	611 YINGST	JEROME, ID 83338
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	CLAY NANNINI	3468 E 3225 N	KIMBERLY ID 83341
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	R. G. NESSERSMITH	2705 SUN MEADOW	TWIN FALLS, ID 83301
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date: 3-16-2020

(7) Type/Print Name:

J. FRANCIS FLORENCE

(8) Title:

MEMBER

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.

B0473-9071 03/18/2020 9:53 AM Received by ID Secretary of State Lawrence Denney