

SOS Control Number: 451871

Limited Liability Company (D)



Idaho Limited Liability Company Reinstatement Form

Date Formed: 02/27/2015

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

-FILED-

File #: 0005747121

Formation Locale: ID

Date Filed: 5/17/2024 10:10:00 AM

Name and Mai AFFORDABLE JUSTIN HULL	ling Address: PLUMBING PROFESSIONALS LLC	POB 1	(1) Add or Change Mailing Address:	
PO BOX 22	ID 83877-0022	POST F	iel(s 83877	
Registered Ag MIKE GILLMON MIKE GILLMON 124 N 2ND ST OSBURN, ID 8	RE	Poble (2) Change RA and/o	or RO Address: Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	
(4) Limited Liabili	tered Agent (RA) Signature: If a recompanies: Enter names and address	ddress must be a physical Idaho address (no new agent is appointed in item (2) above, the new ages of Managers OR Members. Do NOT phe entity mailing address. If more space is	gent must sign here to accept the appointment.	
Manager/Member	Name	Business Address	City, State, Zip	
Mgr	Mike Gillmore	124 N ZNL St.	050000 ID 83849	
(5) Signature: (6) Date: 5/14/24 (7) Type/Print Name: Mike GillMove (8) Title: Marager				
	· · ·	eck made payable to the Idaho Secretary of S	State for \$30.00.	

Filing Status: Inactive-Dissolved (Administrative)