



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: 216584

Filing Status: Inactive-Dissolved

Limited Liability Company (D)

Date Formed: 11/15/2007

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

SCALLON CREEK, LLC
2752 E BOGIE DR
POST FALLS, ID 83854-7830

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

(2) Change RA and/or RO Address:

WILLIAM R MILLSAP
2752 E. BOGIE DR.
POST FALLS, ID 83854

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 | William A. Millsap | 2752 E. BOGIE DR. | POST FALLS ID. 83854 |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
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(5) Signature:

William R Millsap

(6) Date:

5-8-2020

(7) Type/Print Name:

William R. Millsap

(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.

B0507-4221 05/21/2020 2:34 PM Received by ID Secretary of State Lawrence Denney