



# Idaho Limited Liability Company Reinstatement Form

File online at: [sosbiz.idaho.gov](http://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: 388516

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 07/03/2013

Formation Locale: ID

## Name and Mailing Address:

(1) Add or Change Mailing Address:

JLS PAINTING, LLC  
4701 N SHUBERT AVE  
MERIDIAN, ID 83646

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

(2) Change RA and/or RO Address:

NO AGENT  
AGENT RESIGNED OR INVALID  
BOISE, ID 83702 (ADA)

JOHN SEABOLD  
4701 N SHUBERT AVE  
MERIDIAN, ID 83646

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	John L. Seabold	4701 N. Shubert Ave	Meridian ID 83646
<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:

(6) Date: 11/18/21

(7) Type/Print Name: John L. Seabold

(8) Title: Owner/Manager

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0652-6657 11/24/2021 9:29 AM Received by ID Secretary of State Lawrence Denney