



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		Boise, ID 83720 Phone: (208) 334-2300		
SOS Control Number: 600458		Filing Status: Inactive-Dissolved		201	
Limited Liability Company (D)		Date Formed: 03/22/201	8 Formation Locale: ID		و
Name and Mailing Address: USA PLUMBING LLC 17848 QUIET SPRINGS AVE NAMPA, ID 83687			(1) Add or Change Mailing Address:		11:21 AM
Registered Agent (RA) and Registered Office (RO) Address DANIEL MUNOZ 17848 QUIET SPRINGS AVE NAMPA, ID 83687 Note: The Registered Office address must			(2) Change RA and/or RO Address.		Received by
(4) Limited Liabilit These will not be	accepted. Changes here v	If a new agent is appointed in es and addresses of Managers OF will not affect the entity mailing add	Members. Do NOT pu Iress. If more space is	needed, please add an attachm	s ab ov e'. ent. D
Manager/Member	Name	Business Addre		City, State, Zip	
★ Mgr ★ Mem Mgr Mem Mem Mem Mem Mem Mem Mgr Mgr Mgr Mem Mgr Mgr	OXIII	VIELE CON	(6) Date: Will		tary of State Lawerence
(7) Type/Print Nam	e. Danie ()	1000 2	(8) Title: More		ao u

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.