



Idaho Limited Liability Company Reinstatement Form

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For Office Use Only

Return completed form to:

Idal -FILED- tate

File #: 0004798333 450 North 4th Street Date Filed: 6/27/2022 1:57:00 PM

Reinstatement fee: \$30.00.						Phone: (208) 334-2	2300	
SOS Control Number	245101	Filing	Status: Inacti	vo Dissolved	/Administration		N.	
SOS Control Number: 345191 Limited Liability Company (D)			Filing Status: Inactive-Dissolved (Administrative) Date Formed: 03/19/2012 Formation Locale: ID					
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Name and Mailing Ad	dress:			(1) Add	or Change Mail	ing Address:	<u> </u>	
MZLLC 4780 W STATE ST							Ü	
BOISE, ID 83703-410-	1						`	
20102, 12 00700 110	•						ፓ 3	
Registered Agent (RA MIKE ZEHNER 10294 PRAIRIE RD BOISE, ID 83714	and Registe	ered Office (RC)) Address:	(2) Cha	nge RA and/or f	RO Address:	70000000000000000000000000000000000000	
(3) New Registered A		egistered Office a	ddress must be a	a physical Idaho	o address (no p	ostal box).	φ 2	
(5) New Negistered A	Jent (ICA) Sig	If a n	ew agent is appoint	ted in item (2) abo	ve, the new agen	t must sign here to accept to	he appointment.	
(4) Limited Liability Comp. These will not be accepted	anies: Enter na d. Changes hei	mes and address re will not affect th	ses of Managers ne entity mailing	OR Members address. If me	. Do NOT put ore space is n	'same as last year' or ' eeded, please add an	'same as above'. attachment.	
Manager/Member Name	nager/Member Name		Business Address			City, State, Zip		
Mgr □ Mem	ile Z	enner	4780 1	O. STAT	سر	Box In	8301	
☐Mgr ☐Mem	SA Z	elmer	4580	w. 3	Ale	1305e. 7	<u> </u>	
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(5) Signature	A >	hneel		(6) Date	(0-7	17-22	\ 0 0	
(7) Type/Print-Name:	SI	Zehn	1e/	(8) Title:	Men	bec	n ce	
Instructions: Legibly comp	lete the form abo	ve Enclose a che	ck made navable	to the Idaho S	ecretary of Stat	te for \$30.00	-	

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.0 Sign and date this form and return to the address provided above.