



# Idaho Limited Liability Company Reinstatement Form

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For Office Use Only

Re **-FILED-** d form to:  
Id: State

File #: 0005128784 atements

Date Filed: 2/21/2023 2:54:00 PM  
Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 3702809

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 12/09/2019

Formation Locale: ID

## Name and Mailing Address:

(1) Add or Change Mailing Address:

The Ranch at Wildrose LLC  
12 WILD ROSE DR  
HORSESHOE BEND, ID 83629-5054

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

(2) Change RA and/or RO Address:

Neal Vavra  
12 WILDROSE DR  
HORSESHOE BEND, ID 83629

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	NEAL VAVRA	12 WILD ROSE DR	HORSESHOE BEND, ID 83629
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: Neal Vavra

(6) Date: 2/17/23

(7) Type/Print Name: NEAL VAVRA

(8) Title: MANAGER

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.

B0763-6939 02/21/2023 2:54 PM Received by Office of the Idaho Secretary of State