



Idaho Limited Partnership Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

Phone: (208) 334-2300

Sign and date this form and return to the address provided above.

For Office Use Only

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SOS Control Number: 32685 Filing Status: Inactive-Dissolved (Administrative)		ed (Administrative)	2
Limited Partnership (D)	Date Formed: 11/05/2007	Formation Locale: ID	U
Name and Mailing Address: ANVIL HOLDINGS, L.P. 37 BIRCH CRES ROCHESTER, NY 14607-1046	(1) A	dd or Change Mailing Address:	12:20 E
Registered Agent (RA) and Registere INCORP SERVICES, INC.	ed Office (RO) Address: (2) C	Change RA and/or RO Address:	PM Rece
1310 S VISTA AVE STE 28 BOISE, ID 83705			ived
Note: The Regi	stered Office address must be a physical Ida	aho address (no postal box).	γ
(3) New Registered Agent (RA) Signa	ture:	above, the new agent must sign here to accept the	appointment
(4) Limited Partnership: Enter names and a not be accepted. Changes here will not affe	addresses of General Partners. Do NOT p	ut 'same as last year' or 'same as above	e'. These will
Name	Business Address Ge yera	Parlus City, State, Zip	
Androw G. Villovs	e 37 Birch Grosc	ENT Rochoster Ny 14	1607h
Frank J. Villowe	37 Birch Crasca	ent Rochosterwy	460 B
			H
			5 0
			0 0 0
		I	
(5) Signature: Andrew M.	Villene (6) D	ate: 3-12-25	ary
(7) Type/Print Name: Andrew G.	Villame Gen. PATINE (8) T	itle:	<u>o</u>
Instructions: Legibly complete the form above	Enclose a check made payable to the Idah	o Secretary of State for \$30.00.	н и