



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

Reinstatement fee: \$30.00.				Boise, ID 83720 Phone: (208) 334-2300	N8.
SOS Control Number: 121837		Filing Status: Inactive	e-Dissolved		2
Limited Liability Company (D)		Date Formed: 02/02/2	Date Formed: 02/02/2005 Formation Locale: ID		1
Name and Ma WILL-BURN, L 32020 S BELL WORLEY, ID	A VISTA RD		(1) Add or Change I	Mailing Address:	10:23
Registered Ag DEL F BLACKI 32020 S BELL WORLEY, ID	FURN A VISTA RD	ed Office (RO) Address:	(2) Change RA and	or RO Address:	AM Receive
(4) Limited Liabili	tered Agent (RA) Signa	If a new agent is appointed	d in item (2) above, the new a	gent must sign here to accept the appointr put 'same as last year' or 'same as s needed, please add an attachme	above'.
Manager/Member	Name	Business Add	ress	City, State, Zip	ß
Mgr Mem	Del F. Blackb	urn 32020 S.	Bella Vista BO	Worley, ID 83	S OI State La
(5) Signature:	A Mill		(6) Date: 1-3	-/9	awere
(7) Type/Print Name: De/F. Blackburn (8) Title: Member of Mgt.					en En
	gibly complete the form above	e. Enclose a check made payable	to the Idaho Secretary of	State for \$30.00.	1 56