



Idaho Limited Liability Company Reinstatement Form

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Reinstatement fee: \$30.00.

Return completed form top

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

Phone: (208) 334-2300

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SOS Control Number: 430766		Filing Status: Inactive-Dis	Filing Status: Inactive-Dissolved (Administrative)		2
Limited Liability Company (D) D		Date Formed: 08/19/2014	Formation	Locale: ID	<u> </u>
Name and Ma	iling Address:		(1) Add or Change Ma	ling Address:	9
	& LIVESTOCK LLC		Xaine	hand & Livestuck	4
202-MIDDLEF					
GARDEN VAL	LEY, ID 83622-8076		PO Box	455,	AM
			Garden	alley, 10 836	2.23
Registered Ag	ent (RA) and Registered	d Office (RO) Address:	(2) Change RA and/or	RO Address:	
L THOMAS HUTCHISON			3223 N.	36th Stratt	ce ive
202 MIDDLEFORK RD •			Apt. 15-	=	`≤
GARDEN VAL	LEY, ID-83622		_	-	OL OL
			Boise I	O <i>83703</i>	1 5
	Note: The Pagis	tered Office address must be a physic	cal Idaho address (no i	noetal how)	ÅЯ
	Note: The Negis	tered Office address must be a physic	cai idano address (no j	JOSKAI DOKJ.	н
(3) New Regis	tered Agent (RA) Signat	ure:			
		If a new agent is appointed in ite	m (2) above, the new age	nt must sign here to accept the appoi	ntment.
(4) Limited Liabili	ity Companies: Enter names	s and addresses of Managers OR M	lembers. Do NOT put	'same as last year' or 'same a	is affove'.
	· · · · · · · · · · · · · · · · · · ·	ill not affect the entity mailing address			nen e
Manager/Member Mem Mem	Name	Business Address	4/11/	City, State, Zip	_ -
Mgr Mem	nomas Hu	ChisM 3223 N. 360	Street	Base ID 83703	<u>, n</u>
Mgr Mem		· · · · · · · · · · · · · · · · · · ·	<u>.</u>		-
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(5) Oimmet		4.0.		10.	7
(5) Signature:	. "homas Tu	Chion	(6) Date: / 8 FG6	i'U	
(7) Type/Print Nam	e: L.Thomas H	utchison	(6) Date: /8 Feb	ager-Owner	G G
to a	-26.6.			•	
	gibly complete the form above. s form and return to the address	Enclose a check made payable to the provided above.	Idano Secretary of Sta	te for \$30.00.	Den
Sign and date this	s form and return to the address	provided above.			3