



# Idaho Limited Liability Company Reinstatement Form

For Office Use Only

**-FILED-**

File #: 0005850663

Date Filed: 8/1/2024 4:26:00 PM

File online at: [sosbiz.idaho.gov](http://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

SOS Control Number: 478221

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 10/19/2015

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

DESTINATION DENTISTRY L.L.C.  
PO BOX 2273  
KETCHUM, ID 83340-2241

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

(2) Change RA and/or RO Address:

BENJAMIN R FRANZ  
100 SEVENTH ST 110  
KETCHUM, ID 83340

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	BENJAMIN R. FRANZ	100 SEVENTH ST. 110	KETCHUM, ID 83340
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature: \_\_\_\_\_

(6) Date: 8-01-24

8-01-24

(7) Type/Print Name: BENJAMIN R. FRANZ

BENJAMIN R. FRANZ

(8) Title: OWNER / MANAGER

OWNER / 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.

B09332-01111 08/01/2024 4:26 PM Received by Office of the Idaho Secretary of State