



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 Boise, ID 83720

Reinstatement fee: \$30.00.						10	
SOS Control N	lumber: 430766	_	Status: Inactive-D		Formation I	ocalo: ID	Policy Francis Francis Januari
Name and Mai	iling Address: & LIVESTOCK LLC DRK RD	Date F	Date Formed: 08/19/2014 Formation Locale: ID (1) Add or Change Mailing Address:				
L THOMAS HU 202 MIDDLEFO GARDEN VALL	DRK RD LEY, ID 83622 Note: The Regi	stered Office ac	ddress must be a phy		e RA and/or RO		
(4) Limited Liabilit	tered Agent (RA) Signa ty Companies: Enter name accepted. Changes here v	if a no	es of Managers OR	Members. D	o NOT put 'sa	ust sign here to accept the ame as last year' or 'sa ded, please add an att	me as above
Manager/Member Mgr Mem Mgr Mem	Name	tehesren	Business Address 202 Mc		W ()	City, State, Zip	73622
(5) Signature:		16			20-1	Leci 19	
(7) Type/Print Name	e: (1 homas)	Jul	thison .	(8) Title: (Ivs.		incential in the second se

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.