



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

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

Reinstatement fee: \$30.00.					Boise, ID 83720 Phone: (208) 334-2300		
SOS Control N	Number: 342023	Filing	Filing Status: Inactive-Dissolved (Administrative)				
Limited Liability Company (D)		Date	Formed: 02/13/2	2012 Fo	rmation Locale: ID		
Name and Mai PEGASUS PLU 4565 MAVERIO BOISE, ID 837	JMBING LLC CK WAY			(1) Add or Ch	ange Mailing Address:		
NO AGENT	SNED OR INVALID 702 (ADA)				A and/or RO Address: tauo sag yuaueri	37650 16 W27	
	Note: Ti	he Registered Office a	ddress must be a	physical Idaho addr	ess (no postal box).	1	
(3) New Regis	tered Agent (RA)	Signature: <					
		If a	new agent is appointe	d in item (2) above, the	new agent must sign here	to accept the appointment.	
					NOT put 'same as last pace is needed, please	year' or 'same as above' add an attachment.	
Manager/Member Name			Business Address			City, State, Zip	
Mgr Mem Mgr Mem	(zustavo	Sagrero	4365 Mai) (U \ (\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	4 Bais 1	£ 19 83709	
(5) Signature:				(6) Date:	9-08-21		
(7) Type/Print Nam	e: Mustavi	o Sagrer	6	(8) Title:	mbr.		
Instructions: Leg	gibly complete the form	رے n above. Enclose a ch	eck made pavable	to the Idaho Secreta	ry of State for \$30.00.		

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.

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