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Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to: Idahi -FILED- ite Attn: 15 June 16 Attn: File #: 0005166890 Street

Date Filed: 3/16/2023 3:12:00 PM

Reinstatement fee: \$30.00.				L	Phone: (208) 334-2	300
SOS Control N	/e-Dissolved (A	Administrati	ve)			
		Date Formed: 12/10/	1998	Formation	Locale: ID	
Name and Mai ORCHARD RA PO BOX 396 BOISE, ID 837	IL LLC		(1) Add o	r Change Mai	ling Address:	
Registered Ag STEVE C. SW/ 4208 EDGEMC BOISE, ID 837	ONT ST	Office (RO) Address:	(2) Chang	ge RA and/or	RO Address:	
4) Limited Liabili	tered Agent (RA) Signatu ty Companies: Enter names accepted. Changes here will	If a new agent is appoint and addresses of Managers	ted in item (2) above	e, the new age	nt must sign here to accept th	same as above
Manager/Member	Name	Business Ad	Business Address		City, State, Zip	
Mgr	STENE C. SWAD	ISVAL YVORES	O GEMONS	\$\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\fint}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\frac{\frac{\frac}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac}{\frac{\fir}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fin}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}}}}}{\frac{\frac{\frac{\frac{\	BOISE II) <i>837+</i> 2
MgrMem MgrMem			100			
Mgr Mem			THE WANTED			
Mgr Mem (5) Signature:	A Sin		(C) Del	7/11	/2-3	
(7) Type/Print Nam	ne: STEVE	C. SWANSON	(8) Title:	MAK	14 CER	
Instructions: 1 or	gibly complete the form above.	malage a shoot words wought	. 4- 41- 1-1-1- 0-			

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.