



Idaho Limited Liability Company Reinstatement Form For Office Use Only

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	Deimetetement	5 000 00		Date Filed: 6/2/2023 10:36:00 / Boise, ID 83720	AM N
	Reinstatement	Tee: \$30.00.		Phone: (208) 334-2300	
SOS Control Number: 3961848		Filing Status: Inactive-Dissolved (Administrative)			<u> </u>
Limited Liability Company (D)		Date Formed: 08/06/2020 Formation Locale: ID		mation Locale: ID	23
Name and Ma Over All Produ 4406 E 100 N RIGBY, ID 834		(1) Add or Change Mailing Address:			10:36 AM
Registered Ag AARON BELK 3933 E 400 N RIGBY, ID 834	442	d Office (RO) Address:		and/or RO Address: s (no postal box).	Received by
(3) New Regis	tered Agent (RA) Signat	ture:		ew agent must sign here to accept the ap,	
(4) Limited Liabil These will not be	ity Companies: Enter name accepted. Changes here w	s and addresses of Managers (OR Members. Do No ddress. If more spa	OT put 'same as last year' or 'sam ce is needed, please add an attac	e as above'.
Mgr Mem		FFS 4406 E. IC		Riaby Id. 83	<u>4142</u> 0
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(5) Signature: Marianne Jeffs (6) Date: 5-31-23					etary
(7) Type/Print Nan	ne: Marianne	Teffs	(8) Title: Ou	mer é Manager	
		Enclose a check made payable	to the Idaho Secretary	y of State for \$30.00.	О Н
Sign and date this form and return to the address provided above.					Ø