



## Idaho Limited Liability Company Reinstatement Form

| Boise, ID 83720<br>Phone: (208) 334-2300   | Date Filed: 4/25/2024 9:41:00 AM   |
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| SOS Control Number: 586271 Filing Status: Inactive-Dis   | solved (Administrative)  |
| Limited Liability Company (D) Date Formed: 01/02/2018  | Formation Locale: ID   |
| PO BOX 712 OSBURN, ID 83849-0712  Registered Agent (RA) and Registered Office (RO) Address:  | (2) Change RA and/or RO Address:   |
| 107 W CAMERON DR   |  |
| Note: The Registered Office address must be a physical New Registered Agent (RA) Signature:  If a new agent is appointed in its appointed in its appointed in its appointed Liability Companies: Enter names and addresses of Managers OR  | em (2) above, the new agent must sign here to accept the appointmented.  Iembers. Do NOT put 'same as last year' or 'same as ab  |
| Note: The Registered Office address must be a physical state of the Registered Office address must be a physical state of the Registered Agent (RA) Signature:    If a new agent is appointed in its appointed in  | em (2) above, the new agent must sign here to accept the appointment.  Members. Do NOT put 'same as last year' or 'same as about it is needed, please add an attachment.                             |
| Note: The Registered Office address must be a physical state (3) New Registered Agent (RA) Signature:  If a new agent is appointed in its (4) Limited Liability Companies: Enter names and addresses of Managers OR Manager/Member Name  Manager/Member Name  Business Address   | dem (2) above, the new agent must sign here to accept the appointment.  Members. Do NOT put 'same as last year' or 'same as about sign here to accept the appointment appointment.  City, State, Zip |
| Note: The Registered Office address must be a physical state of the Registered Office address must be a physical state of the Registered Agent (RA) Signature:    If a new agent is appointed in its   | dem (2) above, the new agent must sign here to accept the appointment.  Members. Do NOT put 'same as last year' or 'same as about sign here to accept the appointment appointment.  City, State, Zip |
| Note: The Registered Office address must be a physical state of the st | Members. Do NOT put 'same as last year' or 'same as abss. If more space is needed, please add an attachment.  City, State, Zip  OShum, TD 833  |