





Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to:

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

For Office Use Only

B0876-1044

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	Phone: (208) 334-2300						
SOS Control N	lumber: 3887355	Filing Status: Inactive-Dissolved (Administrative)					
Limited Liability Company (D) Date			d: 06/01/2020	Formation	Locale. ID		
Name and Mai RedFish, BlueF PO BOX 1662 MCCALL, ID 8	Fish LLC		(1) A	dd or Change Maili	ng Address:		
GARY S THOM 909 ALPINE S' MCCALL, ID 8	T 33638	d Office address	must be a physical Idai	<u>`</u>	ostal box)	ācoe t !!	he appointment
(4) Limited Liabili	ty Companies. Enter names and accepted. Changes here will no	d addresses of I	Managers OR Member	rs. Do NOT put '	same as last yea	ar' or 's	same as above'.
Manager/Member Name			ness Address	City, State, Zip			
Mgr Mem	GARY S THOMPSON) BOX 1662			ĽÓ	83638
Mgr Mem (5) Signature	1/4 / /	- Ag	(6) Da	ate: 1/30	<u> </u> 24		
(7) Type/Print Name	GARYS THOMPSON	' 匹	(8) Tit	lle: Register	al Agost /	<u>/ N</u>	165.
Instructions: Leg	gibly complete the form above. Encl form and return to the address prov	ose a check mad	le payable to the idaho	Secretary of State	e for \$30.00.		O