



## Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only

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Idal -FILED - tate

Attr. Dainctatements
File #: 0005028985
450 Norm 4tn Street
Date Filed: 12/12/2022 4:49:00 PM

Reinstatement fee: \$30.00.				Phone: (208) 334-2300	
				· · · · · · · · · · · · · · · · · · ·	
SOS Control Number: 474681		Filing Status: Inactive-Dissolved (Administrative)			
Limited Liability Company (D)		Date Formed: 09/15/2015	5 Formation Locale: ID		
Name and Mailing Address:			(1) Add or Change Mailing Address:		
H&L LLC	_		2715 N Lakehaban (n.		
4900 MAPLEW	OOD DR			•	
BOISE, ID 83703			Boise, I	D 8370 7	
Degistered Ag	uant (DA) and Bagistared Of	fice (BO) Address:	(2) Change RA and/or F	20 Address	
Registered Agent (RA) and Registered Office (RO) Address: NO AGENT			Jererny Barber 1715 N Lakehabar Lave		
	SNED OR INVALID		MIC		
BOISE, ID 83702 (ADA)			417 2	Cakehabor Lave	
			Bone ID 8370 >		
	Note: The Registered	d Office address must be a phys	sical Idaho address (no p	ostal box).	
(3) New Registered Agent (RA) Signature:					
		If a new agent is appointed in it	tem (2) above, the new agent	must sign here to accept the appointment.	
				'same as last year' or 'same as above' eeded, please add an attachment.	
Manager/Member	Name	Business Addres	S	City, State, Zip	
Mgr	Jereny Barber	- 2715 NL	akeharbar Lane	150,7e, - PE37c3	
Mgr ☐ Mem	Mary Ann Barba	- 11 11	11 11	11 11 11 11	
☐ Mgr ☐ Mem					
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	720				
(5) Signature: (6)			(6) Date: /2/	12/22	
(7) Type/Drint Nove	2 1	,	•		
(7) Type/Print Name: Jersey Dorber (8) Title: Own 2					

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.