



## 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 Phone: (208) 334-2300 For Office Use Only

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## -FILED-

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SOS Control N	lumber: 40500 Fil	ing Status: Inactive-Dissolv	ed (Administrative)	124
Limited Liability	Company (D) Da	ite Formed: 03/10/1999	Formation Locale: ID	<u></u>
Name and Mai WESTERN UN PO BOX 396 BOISE, ID 837	ITED LLC	(1)	Add or Change Mailing Address:	0:46 AM R
Registered Agent (RA) and Registered Office (RO) Address:  STEVE C SWANSON 4208 EDGEMONT ST.  BOISE, ID 83706  Note: The Registered Office address must be a physical Idaho address (no postal box).				
(3) New Regist	tered Agent (RA) Signature:	If a new agent is appointed in item (2	) above, the new agent must sign here to acc	cept the appointment
			pers. Do NOT put 'same as last year If more space is needed, please add	
Manager/Member	Name	Business Address	City, State, Zi	p <u>Q</u>
Mgr ☐ Mem	STEVEC SWANSON	4208 EDG5914	NY ST. BOISE I	70 83706
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(5) Signature:	St. CSC	(6)	Date: 11/4/24	tary
(7) Type/Print Name: STEYE C_SWAN SOOL (8) Title: MCR				
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.				ν π