



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

	Reinstatement fe]	Boise, ID 83720 Phone: (208) 334-2300		
SOS Control Number: 90636 Fil		Filing Status: Inactive-Diss	ng Status: Inactive-Dissolved (Administrative)		
Limited Liability Company (D) Da		Date Formed: 09/03/2003	Formation	Formation Locale: ID	
Name and Ma	iling Address:		(1) Add or Change Mailir	ng Address:	<u>e</u>
MUFFLER MIL	L L.L.C.				Ŋ
PO BOX 335					4
NOTUS, ID 83	8656-0335				
					ή :3
	ent (RA) and Registered	Office (RO) Address:	(2) Change RA and/or Re	O Address:	
DINO DEGIORGIO 322 1/2 NOTUS RD					C M
NOTUS, ID 83656					• • • • • • • • • • • • • • • • • • •
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	Note: The Registe	ered Office address must be a physic	al Idaho address (no po	stal box).	γ
(3) New Regis	tered Agent (RA) Signatu				
		If a new agent is appointed in iten	1 (2) above, the new agent	must sign here to accept the	appointment.
		and addresses of Managers OR Me not affect the entity mailing addres			me as above'
Manager/Member	Name	Business Address		City, State, Zip	<u> </u>
Mgr	Nino DeGiorgio	3221/2 Norus	Rd	Norus Idaho	
☐ Mgr Ø Mem	Michelle Dolistore	NOTU BARBA NOTU	s Rd	Norus Idaho	83656
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(5) Signature:	Mich Il Descore	nuo .	(6) Date: /2-21-	30	
(7) Type/Print Name: Michelle DeGiorgio (8) T			(8) Title: (9/0 W/	ier	1
		nclose a check made payable to the I	daho Secretary of State	for \$30.00.	