



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

Return completed form to:

B0538-5981

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

Reinstatement fee: \$30.00.				450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 504333 Limited Liability Company (D)		Filing Status: Inactive-Dissolved (Administrative)		•	
		Date Formed: 05/05/201	6 Formation	Locale: ID	
Name and Ma	iling Address:		(1) Add or Change Mai	ling Address:	i:
	O SON'S LANDSCAPING LL	.C			
	IILLAN RD # 102-117				
BOISE, ID 837	713-2025				
Registered Ac	ent (RA) and Registered (Office (RO) Address:	(2) Change RA and/or	RO Address:	
ELIAS SALAZA		, , , , , , , , , , , , , , , , , , ,	(=, = ::=::: <u></u>		
737 W LOCUS					
NAMPA, ID 83	3686 (CANYON COUNTY)				
	Note: The Beginter	ad Office address must be a nb.	roinal Idaha addraga (na r	acetal how)	
	Note. The Register	ed Office address must be a phy	rsical Idano address (no p	ostai box).	
(3) New Regis	tered Agent (RA) Signatur	e:		nt must sign here to accept the appointme	
4) Limited Liabili These will not be Manager/Member	ity Companies: Enter names a accepted. Changes here will I	nd addresses of Managers OR not affect the entity mailing add Business Addre	ress. If more space is r	'same as last year' or 'same as a leeded, please add an attachmen City, State, Zip	ibov it.
Mgr Mem	ALEX SALATAT		CMILLIAN RO	Boské 20 8371	7
Mgr Mem	HLEX DILLACAT	102-117		BUVE , Dy B 311	,
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Mgr Mem			(6) Date: (2-17	2 - 20	
Mgr Mem	n' Belley		(6) Date:	3-20	
Mgr Mem	18: ELSAS SACHEATE	- Carlotte and the second seco	(6) Date: \(\sigma - 1 \) (8) Title: OWNER	3-20 Mgr	
Mgr Mem (5) Signature:	ne: ELSUS SACAZATE	close a check made navable to	(8) Title: OWNEY	/Mgr	

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.

Denney