



## Idaho Limited Liability Company Reinstatement Form

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B0732-1655

File #: 0004888201 tements
450 North 4th Street
Date Filed: 9/6/2022 11:16:00 AM

TE TO				File #: 0004888201 tements 450 North 4th Street	9
Reinstatement fee: \$30.00.				Date Filed: 9/6/2022 11:16:00 AM  Phone: (208) 334-2300	
SOS Control N	Number 4242405	Filing Status: Inactive [	Dissolved (Adminis		<del></del>
SOS Control Number: 4242405 Limited Liability Company (D)		Filing Status: Inactive-Dissolved (Administrative)  Date Formed: 04/08/2021 Formation Locale: ID			2
		Date Formed: 04/700/201			<u>N</u>
Name and Mailing Address: NZ BAR, Enterprises LLC		(1) Add or Change Mailing Address:			
6847 WILLIS F	•				 ப
STAR, ID 836	69-5061				0.
					<u>A</u>
Registered Ag Gary Strickland	gent (RA) and Registere	d Office (RO) Address:	(2) Change RA an	d/or RO Address:	7. 0
6847 WILLIS	u				CelVe
STAR, ID 836	69				7
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	Note: The Regis	stered Office address must be a phy	ysical Idaho address	(no postal box).	
(3) Now Pogie	stered Agent (RA) Signa	turo			Λ̈́q
(5) New Negis	itered Agent (IVA) Olgila	If a new agent is appointed in	n item (2) above, the new	agent must sign here to accept the appointme	ent.
(4) Limited Liabil These will not be	ity Companies: Enter name accepted. Changes here v	s and addresses of Managers OF	R Members. Do NO	Γ put 'same as last year' or 'same as a e is needed, please add an attachmen	של bove' it. <b>ס</b>
Manager/Member	Name	Business Addre	ess	City, State, Zip	
Mgr ☐ Mem	Gary Strickle	and 6847 Wil	IIS RD	Stor, ID 83669	<u> </u>
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(5) Signature:	Mores	newlan	(6) Date:	8-15-20	0 
(7) Type/Print Nam	ne: Savy S	trickland	(8) Title: 80	oueV	<del>La</del> wenen c
	gibly complete the form above.	Enclose a check made payable to	the Idaho Secretary c	of State for \$30.00.	