



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

-FILED-

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	Phone: (208) 334-2300				3/2
SOS Control Number: 287281		Filing Status: Inactive-Dissolved (Administrative)			024
Limited Liability Company (D)		Date Formed: 04/19/2010	Formation l	ocale: ID	— —
Name and Mailing Address:		· ·	(1) Add or Change Mailing Address:		. 2
TIXXFIXX LLC 1 740 E FAIRVII -MERIDIAN, ID-	EW AVE PMB 70 83642-5702		9511 W Botse	DD "	
Registered Ag Aron A Luna 9511 W MOSS BOISE, ID 837	09	fice (RO) Address:	(2) Change RA and/or RC		eceived by
(4) Limited Liabili	tered Agent (RA) Signature: ty Companies: Enter names and accepted. Changes here will no	If a new agent is appointed in iter d addresses of Managers OR Mo ot affect the entity mailing addres	embers. Do NOT put 's	ame as last year' or	γsame as ab ® ve' attachment.
Manager/Member	Name	Business Address		City, State, Zip	Н
Mgr Mem	ARON A. LUNA	9511 W Mxxx	(6) Date: 7 /	1 23/24	Sylvan
(7) Type/Print Nam	e Maio linni		(8) Title:	a	0 H
(1) 1) 1) 1) 1111 11411	- 1 V UI PUI U		100	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	

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.