



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 fee: \$30.00.					Boise, ID 83720 Phone: (208) 334-2300	
SOS Control Number: 229158 Limited Liability Company (D)		} F	Filing Status: Inactive-Dissolved (Administrative)			
		מ	Date Formed: 03/31/2008 Form		ation Locale: ID	
Name and Mailing Address: BURKMAN FARM LLC 2470 S 45TH W IDAHO FALLS, ID 83402			(1) Add or Change Mailing Address:			<u> </u>
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						AM
Registered Ag SUSAN A MAR	• •	egistered Offic	e (RO) Address:	(2) Change RA and/or RO Address:		χ e Ω
2470 S 45TH V IDAHO FALLS,						Ceived
(2) Now Bosin	Note:		ffice address must be a p	nysical Idaho address	(no postal box).	γd
(4) Limited Liabili These will not be	ty Companies: Er accepted. Chang	nter names and a jes here will not a	ddresses of Managers O	R Members. Do NO	v agent must sign here to accept the appoint T put 'same as last year' or 'same as e is needed, please add an attachme	above
Manager/Member	Name		Business Addr	ess	City, State, Zip	ב
Mgr Mem Mgr Mem	Susan	A Mandi	s 2470 S.	45 W	Idaho Falls, ID	8344 N
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(5) Signature:	Lusan	a. Mar	diò	(6) Date: 3/	130/2021	
(7) Type/Print Name: Susan A. Mardis (8) Title: Manager						
Instructions: Leg	gibly complete the fo	orm above. Enclose	e a check made payable to	the Idaho Secretary o	of State for \$30.00.	n -

Sign and date this form and return to the address provided above.