



Idaho Limited Liability Company Reinstatement Form

Return completed form to:

7.8 W. 78. \"\		bility Company Reins	statement Forn		80628-2207
File online at: sosbiz.idaho.gov				Return completed form to: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street	
	Reinstatement 1		450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300		
SOS Control N	Number: 620466	Filing Status: Inactive-Dis	ssolved (Administrative		2
Limited Liability	Company (D)	Date Formed: 08/02/2018	Formation I	ocale: ID	21
Name and Mai AFFORDABLE 803 W 3RD ST MERIDIAN, ID	ROOFING & HANDYMA	N SERVICES LLC	(1) Add or Change Mailin		12:46 B
		l Office (RO) Address:	(2) Change RA and/or Ro	-ranklin V namp Address: 83687	Z Received
(4) Limited Liabili	tered Agent (RA) Signat	ure: If a new agent is appointed in its and addresses of Managers OR M ill not affect the entity mailing addresses	em (2) above, the new agent of Members. Do NOT put 's	must sign here to accept the appointmental as a last year or 'same as a	above'.
Manager/Member	Name	Business Address	3	City, State, Zip	<u></u>
Mgr	Osvaldo Sano	het 504n from	Lin v osampo;	83687	OI SCACE
(5) Signature:			(6) Date: S-(0.3021	awenen
(7) Type/Print Nam	ne: Osvaldo	sanchez	(8) Title: M S in	her	Ú
	gibly complete the form above.	Enclose a check made payable to the	e Idaho Secretary of State	for \$30.00.	0