



Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to Idaho Secretary of State Idaho Secretary of State Attn: Reinstatements 450 North 4th Street

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	Reinstatement fee:		Boise, ID 83720 Phone: (208) 334-2300	104 /	
SOS Control Number: 45342		Filing Status: Inactive-Dissolved			N 2
Limited Liability Company (D)		Date Formed: 11/18/1999	9 Formation	Locale: ID	19
Name and Mailing Address: PLUMMER ENTERPRISES, LLC 3620 SYCAMORE DR BOISE, ID 83703			(1) Add or Change Maili Plummer 2828 U	ng Address: Enterprises, 6 I Irene 5t D 83703	3:24 PM R
NO AGENT	ent (RA) and Registered Of GNED OR INVALID 702 (ADA)	fice (RO) Address:	Si Si Si Cara and a cara a c		
(3) New Regis	Note: The Registered tered Agent (RA) Signature	d Office address must be a physical of the second of the s	2	ostal box). This is a sign here to accept the appoint the sign here to accept	by Introduction
(4) Limited Liabili These will not be	ty Companies: Enter names and accepted. Changes here will no	d addresses of Managers OR ot affect the entity mailing addr	Members. Do NOT put ess. If more space is no	'same as last year' or 'same a eeded, please add an attachr	as algov
Manager/Member	Name	Business Addres	S	City, State, Zip	0
Mgr	Brett Plummer	2828 W Iren	(6) Date: /0~	7-19	cary of State Laweren
•	gibly complete the form above. Encl form and return to the address prov	• •		a ger e for \$30.00.	ce Denney