



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

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

For Office Use Only

-FILED-

File #: 0005970590

Date Filed: 11/4/2024 10:46:00 AM

| SOS Control Number: 34621 Limited Liability Company (D) | | Filing Status: Inactive-Dissolved (Administrative) | | | 924 |
|---|--|---|---|--|---------------------------------------|
| | | Date Formed: 07/01/1998 Formation Locale: ID | | ation Locale: ID | · <u></u> |
| Name and Mai | ling Address: | (1) Add or Change Mailing Address: | | | 2 |
| SWANSON IN\ PO BOX 396 | VESTING LLC | | | | 46 |
| BOISE, ID 837 | 01-0396 | | | | АМ |
| | | | | | |
| Posiotored As | ant (PA) and Pagistors | ed Office (RO) Address: | (2) Change RA an | d/or PO Address: | - R |
| STEVE C SWA | - · · | o Office (NO) Address. | (2) Change IV an | aron NO Address. | G G |
| 4208 EDGEMONT ST | | | | | ive |
| BOISE, ID 83706 | | | | | Ω m |
| | | | | | λq |
| | Note: The Reg | istered Office address must be a pl | nysical Idaho address | (no postal box). | _ |
| (3) New Regist | tered Agent (RA) Signa | | (0) | agent must sign here to accept the | <u> </u> |
| (4) Limited Liabili These will not be | ty Companies: Enter nam accepted. Changes here | es and addresses of Managers O will not affect the entity mailing ac | R Members. Do NO Idress. If more space | Γ put 'same as last year' or 'sa e is needed, please add an att | me as ab 6 ve'. achment. |
| Manager/Member | Name | Business Addr | | City, State, Zip | 0 |
| Mgr Mem | STEVE C.SW | 7 (, , , , , , , , , , , , , , , , , , | GEMBNT ST. | | \$ 3706" |
| ☑Mgr ☐Mem ☑Mgr ☐Mem | Mary Mill | Swanson il | | 11 | |
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| Mgr Mem | | | | | ————————————————————————————————————— |
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| Mgr Mem | | L | · · · · · · · · · · · · · · · · · · · | | <u>Ď</u> |
| | 7 | | | | ct 00 |
| (5) Signature: | De Com | | (6) Date: (| 11/4/24 | ary |
| (7) Type/Print Name: STEVE C. JWAN SON (8) Title: MCR | | | | | o |
| instructions: Le | gibly complete the form above | Enclose a check made payable to | the Idaho Secretary | of State for \$30.00. | HĄ. |