



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only
Return completed form to
-FILED- f State
Attn: Reinstatements
File #: 0004756404
200 North 4th Street
Date Filed: 5/24/2022 9:30:00 AM
Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 422549

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 06/03/2014

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

PRIME RENTAL PROPERTIES LLC
6177 SOMERSET LN
STAR, ID 83669-5030

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

E M VANDERPOOL
6177 SOMERSET LN
STAR, ID 83669

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem	EM VANDERPOOL	6177 SOMERSET LN	STAR ID 83669
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature: E. M. Vanderpool

(6) Date: 5-20-22

(7) Type/Print Name: E. M. VANDERPOOL

(8) Title: agent / mgr.

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0696-4701 05/24/2022 9:30 AM Received by ID Secretary of State Lawrence Denney