



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 N	Number: 50264	Filing Status: Inactive-Dissolv	ved (Administrative)	
		Date Formed: 05/17/2000	Formation Locale: ID	
Name and Mai	iling Address:	(1)	Add or Change Mailing Address:	
	/ELOPMENT, L.L.C.		•	
460 EAST OAK	<			
POCATELLO,	ID 83201			
Danistanad A		d Office (DO) Address: (2)	A Change BA and/or BO Address:	
Registered Agent (RA) and Registered Office (RO) Address: (2) Change RA and/or RO Address: STEPHEN D VIGLIATURO				
460 EAST OAK				
POCATELLO,				
	Note: The Regis	stered Office address must be a physical l	daho address (no postal box).	
(3) New Regis	tered Agent (RA) Signa			
	· · · ·	If a new agent is appointed in item (2)) above, the new agent must sign here to accept the appointment.	
			bers. Do NOT put 'same as last year' or 'same as above' If more space is needed, please add an attachment.	
Manager/Member	Name .	Business Address	City, State, Zip	
Mgr Mem	Steve Vialia	turo 460 E	Oak St Pocatello, Id 8320	
MgrMem	Yicki Viglia	HURO 460 8.00	TKS4: A Pocable Id 83201	
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	<i></i>	- / .,		
(5) Signature:	Hen /16	he ture (6)	Date: 4-20-21	
(3) Z = 1/Dalah Nam	C+ 1 1/		Times	
(7) Type/Print Nam	1e: Stever	igitaturo (8)	Title: member	
Instructions: Le	gibly complete the form above.	Enclose a check made payable to the ida	ho Secretary of State for \$30.00.	
	s form and return to the address		-	