





Idaho Limited Liability Company Reinstatement Form

File online at: sos.idaho.gov

Return completed form to:

Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise ID 83720

Reinstatement fee: \$30.00.			Phone: (208) 334-2300		
SOS Control Number: 138769 Limited Liability Company (D)	3	Filing Status: Inactive-Dissolved Date Formed: 08/23/2005 Formati		ocale: ID	
Name and Mailing Address: WINGWORKS LLC PO BOX 367 AMARQUEST HAILEY, ID 83333	97 .	(1) Ac	dd or Change Mailing	Address:	
Registered Agent (RA) and Re ROBERT T WELSH 115 W BULLION ST HAILEY, ID 83333	egistered Office (RO) Ad		nange RA and/or RO		
(3) New Registered Agent (RA) Signature:		*		h.
	If a new age	nt is appointed in item (2) at	ove, the new agent m	ust sign here to accept th	e appointment.
(4) Limited Liability Companies: En These will not be accepted. Change					
Manager/Member Name	Bus	iness Address		City, State, Zip) • • • • • • • • • • • • • • • • • • •
Mgr Mem Mgr Mem		W BILLION	74.	HALLEVIIII	<i>5.7777</i>
(5) Signature:	4	(6) Da	te: 1,2/10	119	
(7) Type/Print Name: Dobar	TIWELSH	(8) Titl	e: WWm	IMEN	;
Instructions: Legibly complete the for		de payable to the Idaho	Secretary of State f	or \$30.00.	

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