



Idaho Limited Liability Company Reinstatement Form

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For Office Use Only

Re **-FILED-** d form to
Id: State

File #: 0004659125 atements

Date Filed: 2/24/2022 9:56:00 AM
Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 301354

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 10/19/2010

Formation Locale: ID

Name and Mailing Address:

COMPLETE AUTO LLC
3205 W STATE ST
EAGLE, ID 83616-4543

(1) Add or Change Mailing Address:

Complete Auto LLC
4902 W Willow Ln
Boise ID 83703

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

Eric E Barnes
4902 W WILLOW LN
BOISE, ID 83703

(2) Change RA and/or RO Address:

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 at 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	Eric Barnes	4902 W Willow Ln	Boise ID 83703
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature:

Eric Barnes

(6) Date:

1-27-22

(7) Type/Print Name:

Eric Barnes

(8) Title:

Owner / mgr

Instructions: Legibly complete the form above. Enclose a check made payable to the Idaho Secretary of State for \$30.00.

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

B0671-8053 02/24/2022 9:56 AM Received by ID Secretary of State Lawrence Denney