



Idaho Limited Liability Company Reinstatement Form

	Idaho Limited Liabili	ity Company Reinstate	ement Form For Office U	USE Only
		ov Reinstatement fee: \$30.00.	-FILE File #: 0005835066 Date Filed: 7/26/202	ED- 44 27
SOS Control	Number: 256861	Filing Status: Inactive-Dissolved	d (Administrative)	224
Limited Liabili	ty Company (D)	Date Formed: 03/17/2009	Formation Locale: ID	
Name and Ma SERGIO'S CO 307 SNAKE R	ailing Address: DLLISION REPAIR & AUTO PA		dd or Change Mailing Address:	:43 PM
	2 3333 , 223 .			ಸ 0
Registered A CHRISTIAN S 625 24TH ST LEWISTON, I	D 83501	Fice (RO) Address: (2) Cl Office address must be a physical Ida	nange RA and/or RO Address:	ceived by Of
(3) New Regi	stered Agent (RA) Signature:			Н
These will not b	e accepted. Changes here will no	addresses of Managers OR Member t affect the entity mailing address. If	more space is needed, please add a	Ω or 'same as above an attachment. Ο
Manager/Membe		Business Address	City, State, Zip	
Mgr Mem	SERGIOS ALBA	301 SNAXE RIL		10 8350 4
Mgr	MARIA E ALBA CHRISTIANS AL		VER AVE LEWISTON	10 8350 P 10 8350 H H H H H H
<pre>Mgr</pre>				2
Mgr Mem Mgr Mem Mgr Mem Mgr Mem Mgr Mem				Secuet Secuet
(5) Signature: M. Elia Olba (6) Date: 7/23/2024				
(7) Type/Print Name: M. ELIA ALBA (8) Title: BookKEFPEP				

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.