




No. W 165647	Reinstatement Annual Report Form ADMIN DISSOLVED 07/26/2017		2. Registered Agent and Office (NOT A P.O. BOX) HIPOLITO J RUIZ 12253 KARCHER RD NAMPA ID 83651																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. FAST CHOICE AUTO CLINIC LLC 12253 KARCHER RD NAMPA ID 83651		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Hipolito J Ruiz</td> <td>5200 Midway Rd, No 41, Caldwell,</td> <td>ID</td> <td>USA</td> <td></td> <td>83607</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Silvestre Ferreyra</td> <td>11431 W Pamelas Ln, No 101, Nampa,</td> <td>ID</td> <td>USA</td> <td></td> <td>83651</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Hipolito J Ruiz	5200 Midway Rd, No 41, Caldwell,	ID	USA		83607	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Silvestre Ferreyra	11431 W Pamelas Ln, No 101, Nampa,	ID	USA		83651	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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