No. W 152659	Reinstatement Annual Report Form ADMIN DISSOLVED 10/04/2016	2. Registered Agent and Office **(NOT A P.O. BOX)** SABINA OMEROVIC 715 N ORCHARD ST BOISE ID 83706
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** BOISE AUTO SALES, LLC SABINA OMEROVIC 8977 W INCA CT BOISE ID 83709	3. New Registered Agent Signature.
REINSTATEMENT FEE **DUE:** $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☒ Member ☒	Sabina Omerovic	8977 W. Inca Ct	Boise	ID		83709
Manager ☐ Member ☒	Nevir Omerovic		Boise	ID		83709
Manager ☐ Member ☒	Elmir Dzanic		Boise	ID		83709
Manager ☐ Member ☐						

5. Organized Under the Laws of:

IDAHO
W 152659

6.

Signature: [signature] Date: 10/18/16

Name (type or print): Sabina Omerovic Title: Member

Issued 10/18/2016 by JL1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM