



## **Idaho Limited Liability Company Reinstatement Form**

File online at: sos.idaho.gov

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

## ₩ 473 1 1 3 Return completed form to 1 daho Secretary of State

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

							Attn: Reinstatements 450 North 4th Street	02/
	Reinstatemen				Boise, ID 83720 Phone: (208) 334-2300	, <b>(</b> 1		
SOS Control N	lumber: 601749	Filing	Status: In	active-[	Dissolved			20
Limited Liability	Company (D)	Date	Formed: 03	3/29/20 <sup>-</sup>	18	Formation	Locale: ID	20
Name and Mai ALI TOWING L 2135 E SIDEW MERIDIAN, ID	LC INDER DRIVE				(1) Add o	r Change Maili	ng Address:	11:16 AM
Registered Agent (RA) and Registered Office (R GHULAM SEDIQI 2135 E SIDEWINDER DRIVE MERIDIAN, ID 83646			O) Address: (2) Change RA			ge RA and/or R	and/or RO Address:	
(4) Limited Liabili	tered Agent (RA) Signature ty Companies: Enter name accepted. Changes here	If a	ses of Mana	ngers OF	R Members.	Do NOT put '	must sign here to accept the apsame as last year' or 'sameeded, please add an atta	ne as above'.
Manager/Member	Name		Business	Addre	ss		City, State, Zip	- <u>0</u>
Mgr	Ghulam S	Sediqi	2135	E	Sidew.	nder br	Meridian ID	\$360/6 0 TV 0 TV 0 TV
(5) Signature:		<i>T</i> >	=		(6) Date:	Feb.	05 20	awer
(7) Type/Print Nam	e: GHULAI	M SE	DIQI		(8) Title:	00°N	ER	en q
Instructions: Leg	gibly complete the form above	e. Enclose a ch	eck made pa	yable to	the Idaho Se	cretary of Stat	e for \$30.00.	Ď