



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov

For Office Use Only

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

File #: 0004967768 atements

450 North 4th Street
Date Filed: 11/1/2022 12:43:00 PM
Boise, ID 83720

Phone: (208) 334-2300

Reinstatement fee: \$30.00.

SOS Control Number: 464182

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 06/08/2015

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

BOISE AUTO SALES, LLC
715 N ORCHARD ST
BOISE, ID 83706-2034

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

(2) Change RA and/or RO Address:

FIDAN MUSLIU
715 N ORCHARD ST
BOISE, ID 83706

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 above'. 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	FIDAN MUSLIU	715 N ORCHARD ST	BOISE IDAHO 83706
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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(5) Signature: _____

(6) Date: 11-1-2022

(7) Type/Print Name: FIDAN MUSLIU

(8) Title: 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.

B0732-7296 11/01/2022 12:43 PM Received by Office of the Idaho Secretary of State