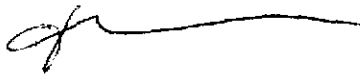


No. W 160270	Reinstatement Annual Report Form ADMIN DISSOLVED 03/27/2018		2. Registered Agent and Office (NOT A P.O. BOX) TEUTA PRENIQI 12622 W HUNTLY DR BOISE ID 83709
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. LEO AUTO SALES LLC 5625 EMERALD ST BOISE ID 83706		3. <u>New</u> Registered Agent Signature.
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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Ildar Dursunov</i> <i>Idhar</i> <i>5625 Emerald St</i> <i>Boise ID 83706</i>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> IDAHO W 160270 </div>		6. Signature:  <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Name (type or print): <i>Ildar Dursunov</i> </div> <div> Date: <i>4.23.18</i> Title: <i>member</i> </div> </div>	

Issued 04/23/2018 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the