



Idaho Limited Liability Company Reinstatement Form

File online at: sosbiz.idaho.gov Reinstatement fee: \$30.00.

Return completed form to: Idaho Secretary of State

For Office Use Only

B0903-4092

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| ₹ | Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720 Phone: (208) 334-2300 | | File #: 0005757253 Date Filed: 6/3/2024 12:50:00 PM | 06/03/2 |
|---|--|---|--|---|
| SOS Control Number: 4911547 | | Filing Status: Inactive-Dissol | Filing Status: Inactive-Dissolved (Administrative) | |
| Limited Liability Company (D) | | Date Formed: 09/12/2022 | Formation Locale: ID | 4 1 |
| Name and M | ailing Address: | (1) | Add or Change Mailing Address: | N |
| RAMADAN A APT 1302 | UTO REPAIR, LLC | | 2091 of five Mile Rd | 5 |
| 28 24 W CHE BOISE, ID 8 | | | Boise 1D 83713 | PM R |
| Registered A MOHAMAD A 4678 S TINKI BOISE, ID 83 | ER AVE | d Office (RO) Address: (2) | Change RA and/or RO Address: | ?eceived |
| | Note: The Regis | tered Office address must be a physical l | daho address (no postal box). | ЪУ (|
| (3) New Regi | istered Agent (RA) Signat | | e) above, the new agent must sign here to accept the appoin | O Hh ntment. Hh |
| (4) Limited Liab These will not b Manager/Membe | pe accepted. Changes here w | s and addresses of Managers OR Mem | bers. Do NOT put 'same as last year' or 'same a If more space is needed, please add an attachm City, State, Zip | s aboveΩ |
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| (5) Signature: | -200 | (6) | Date: 6-3-2024 | tary |
| (7) Type/Print Na | ame: Mihdmindel | Humudan (8) | Title: owner | 0 |
| | egibly complete the form above. | Enclose a check made payable to the Ida provided above. | ho Secretary of State for \$30.00. | 2 2 |