


| No. W 152659 | Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017 | | 2. Registered Agent and Office (NOT A P.O. BOX) FIDAN MUSLIU 715 N ORCHARD ST BOISE ID 83706 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|----------------------|--|-------------------|----------|----------------------|------|-------|----------|-------------|---|--------------|-------------------|-------|----|--|-------|---|-----------------|-------------------|-------|----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. BOISE AUTO SALES, LLC FIDAN MUSLIU 715 N ORCHARD 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%; text-align: left;">Manager or Member</th> <th style="width: 25%; text-align: left;">Name</th> <th style="width: 25%; text-align: left;">Street or PO Address</th> <th style="width: 10%; text-align: left;">City</th> <th style="width: 10%; text-align: left;">State</th> <th style="width: 10%; text-align: left;">Country,</th> <th style="width: 5%; text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>FIDAN MUSLIU</td> <td>715 N. ORCHARD ST</td> <td>BOISE</td> <td>ID</td> <td></td> <td>83706</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>FATMIR KAMERICA</td> <td>715 N. ORCHARD ST</td> <td>BOISE</td> <td>ID</td> <td></td> <td>83706</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Manager or Member | Name | Street or PO Address | City | State | Country, | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | FIDAN MUSLIU | 715 N. ORCHARD ST | BOISE | ID | | 83706 | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | FATMIR KAMERICA | 715 N. ORCHARD ST | BOISE | ID | | 83706 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country, | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | FIDAN MUSLIU | 715 N. ORCHARD ST | BOISE | ID | | 83706 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 152659</div> | 6. Signature:  <hr/> Name (type or print): <u>FIDAN MUSLIU</u> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Date: <u>10-11-17</u> </div> <div style="width: 35%;"> Title: <u>OWNER</u> </div> </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Issued 10/05/2017 by online | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |