



Idaho Limited Liability Company Reinstatement Form

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

Return completed form to: Idaho Secretary of State Attn: Reinstatements 450 North 4th Street Boise, ID 83720

Phone: (208) 334-2300

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For Office Use Only

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Office

Idaho

Secretary

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File #: 0006042335

Date Filed: 12/27/2024 9:08:00 AM

SOS Control N	lumber: 4010333	Filing Status: Inactive-L	Dissolved (Administrati	ve)
Limited Liability Company (D)		Date Formed: 02/19/202	Formation Locale: ID	
Name and Mailing Address:			(1) Add or Change Mailing Address:	
ZAND AUTO P	•			
6527 SUPPLY				
BOISE, ID 837				
			t 5 1	
Registered Agent (RA) and Registered Office (RO) Address:			(2) Change RA and/or RO Address:	
Deleer Nasir	. , .	•		
11815 W MES	QUITE DR			
BOISE, ID 837	13			
	Note: The Register	red Office address must be a phy	sical Idaho address (no p	ostal box).
(3) New Regist	tered Agent (RA) Signatur	·e:		
(-,		If a new agent is appointed in	item (2) above, the new agen	t must sign here to accept the appointment.
4) Limited Liabili	ty Companies: Enter names a	and addresses of Managers OF	Members Do NOT nut	'same as last year' or 'same as above'.
				eeded, please add an attachment.
Manager/Member	Name	Busjness Addre	SS	City, State, Zip
☑Mgr	Deleer Nasy	6527 8	Way Way	Beise 10 83716
MgrMem	- C-BC+ - V CC-C+		MAT TO THE	
MgrMem				
(5) Signature:			(6) Date: (2/27/24	
	1 / 1/	()		1 1.11 0 11
(7) Type/Print Nam	e: Deleg No	2518	(8) Title:	d Alltofaxts LLC
		nclose a check made payable to	the Idaho Secretary of Sta	te for \$30.00. Owner
Sign and date this	form and return to the address or	ovided above		