



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

For Office Use Only

-FILED-

File #: 0005530180

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SOS Control Number: 460591

Filing Status: Inactive-Dissolved (Administrative)

Limited Liability Company (D)

Date Formed: 05/11/2015

Formation Locale: ID

Name and Mailing Address:

AUTO CHOICE L.L.C.
7051 W FAIRVIEW AVE
BOISE, ID 83704-8506

(1) Add or Change Mailing Address:

AUTOCHOICE L.L.C.
5220 W FAIRVIEW AVE
BOISE ID 83706

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

ALI RAMADANI
7051 W FAIRVIEW AVE
BOISE, ID 83704

(2) Change RA and/or RO Address:

ALI RAMADANI
AUTOCHOICE L.L.C.
5220 W FAIRVIEW AVE
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	ALI RAMADANI	5220 W FAIRVIEW AVE	BOISE ID 83706
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

[Signature]

(6) Date:

12-27-2023

(7) Type/Print Name:

ALI RAMADANI

(8) Title:

MANAGER (OWNER)

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.

B0853-4416 12/27/2023 2:53 PM Received by Office of the Idaho Secretary of State