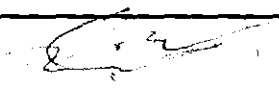


| | | | |
|---|---|--|---|
| No. W 123883 | Reinstatement Annual Report Form ADMIN DISSOLVED 07/21/2015 | | 2. Registered Agent and Office (NOT A P.O. BOX) HASAN ABDULKAVEEM 1000 S LEADVILLE AVE #2 BOISE ID 83706 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. ADAM'S AUTO SALE LLC HASAN ABDULKAVEEM 1000 S LEADVILLE AVE #2 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 checked="" type="checkbox"/> Member <input type="checkbox"/> | Hasan Abdulkaveem | 2720 W Main St | Boise | ID | ADA | 83702 |
| 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;"> IDAHO W 123883 </div> | 6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature:  Name (type or print): Hasan Abdulkaveem </div> <div style="width: 35%;"> Date: 8/10/15 Title: OWNER </div> </div> |
|---|---|

Issued 08/10/2015 by DK1