

No. W 101933		Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> CRESTON THORNTON 827 E RIVERSIDE DR EAGLE ID 83616 4983 Glenwood Lnity 608N City, 83714 <i>Id.</i>	
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CTTOURING, LLC CRESTON THORNTON 827 E RIVERSIDE DR EAGLE ID 83616 USA  P.O. Box 140056 Boise, ID. 83714		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00		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"/> CRESTON THORNTON      P.O. Box 140056      Boise ID. 83714  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:  IDAHO W 101933		6. Signature:  Name (type or print): <u>Creston Thornton</u>		Date: <u>8-6-15</u> Title: <u>Manager</u>	