

No. C 201508	Reinstatement Annual Report Form ADMIN DISSOLVED 06/28/2017		2. Registered Agent and Office (NOT A P.O. BOX) THOMAS TILLOTSON 126 LOCUST ST SOUTH TWIN FALLS ID 83301														
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. TILLOTSON CAR CARE & REPAIR, INC. THOMAS TILLOTSON P.O. BOX 1585 TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Tom Tillotson</td> <td>126 Locust St S.</td> <td>Twin Falls</td> <td>ID</td> <td>USA</td> <td>83301</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Tom Tillotson	126 Locust St S.	Twin Falls	ID	USA	83301
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President	Tom Tillotson	126 Locust St S.	Twin Falls	ID	USA	83301											
5. Organized Under the Laws of: IDAHO C 201508	6. Signature: <u>Tom Tillotson</u> Name (type or print): <u>Tom Tillotson</u> Date: <u>8-23-17</u> Title: <u>President</u>																

Issued 08/24/2017 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the