No. W 144763	Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016	2. Registered Agent and Office (NOT A P.O. BOX) SATORI RAE 4221 N PENNFIELD PL BOISE ID 83713
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. BOISE'S BEST TOURS LLC SATORI RAE 4221 N PENNFIELD PL BOISE ID 83713	
REINSTATEMENT FEE		3. New Registered Agent Signature.
DUE: \$30.00		Solori Rae
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 Member Gotori Rae 4221 N. Pennfield Pl. Boise iD ADA 837 13 Manager Member (Lam the only person offiliated in any way Manager Member With my business, Boise's Best Tours) Manager Member Member		
5. Organized Under the La	Signature:	Date:
W 144763	Name (type or print):	3/21/2016 Title: Owner 3
	Satori Rae	C.E.O
Tection 02/20/2016 by only		Managar