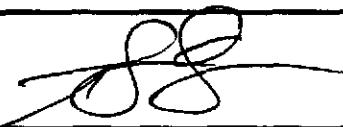


No. W 90875	Reinstatement Annual Report Form ADMIN DISSOLVED 05/31/2018		2. Registered Agent and Office (NOT A P.O. BOX) ANDREW CONNOLLY 107 N. CASTELLO PL. BOISE ID 83712	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. OT HOLDINGS L.L.C. ANDREW CONNOLLY 10400 W. OVERLAND RD. P.O. Box 2754 BOX 102 BOISE ID 83709		2. Registered Agent and Office (NOT A P.O. BOX) ANDREW CONNOLLY 107 N. CASTELLO PL. BOISE ID 83712	
REINSTATEMENT FEE DUE: \$30.00	P.O. Box 2754 Boise, ID 83701		3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.				
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Name <u>ANDREW CONNOLLY</u>		Street or PO Address <u>P.O. Box 2754</u>	City <u>Boise</u> State <u>ID</u> Country <u>ADA</u> Postal Code <u>83701</u>
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 90875	6. Signature: 		Date: <u>6/18/18</u>	Title: <u>MANAGER</u>
Name (type or print): <u>ANDREW CONNOLLY</u>				

Issued 06/18/2018 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM