

|  |                |  |            |   |                     |
|--|----------------|--|------------|---|---------------------|
| No. <b>W 72347</b>   |                | Due no later than Mar 31, 2016   |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>              |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>NOLIMITS300, LLC<br>BRUCE ANDERSON<br>1947 POPLAR AVE<br>TWIN FALLS ID 83301 |            | BRUCE ALBERT ANDERSON<br>1947 POPLAR AVE<br>TWIN FALLS ID 83301 |                     |
|  |                |  |            | 3. <u>New</u> Registered Agent Signature:*                      |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                |  |            |   |                     |
| Office Held  | Name           | Street or PO Address   | City       | State   | Country Postal Code |
| MANAGER  | BRUCE ANDERSON | 1947 POPLAR AVE  | TWIN FALLS | ID  | 83301               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 72347</b>   |                | 6. Annual Report must be signed.*<br>Signature: Bruce Anderson<br>Name (type or print): Bruce Anderson<br>Date: 03/25/2016<br>Title: Manager                                   |            |   |                     |
| Processed 03/25/2016   |                | * Electronically provided signatures are accepted as original signatures.  |            |   |                     |