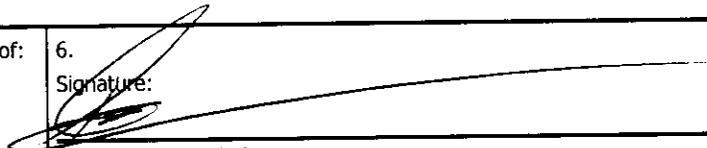


No. <b>W 127060</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> KRISTIN PERALES 830 W ARBOR WAY NAMPA ID 83686																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. <b>Mailing Address: Correct in this box if needed.</b> OVERTIME ATHLETICS LLC 830 W ARBOR WAY NAMPA ID 83686		3. <del>New</del> Registered Agent Signature.																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Roy Perales</td> <td>830 Arbor Pointe</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83686</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kristen N. Perales</td> <td>830 Arbor Pointe way</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83686</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Roy Perales	830 Arbor Pointe	Nampa	ID		83686	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kristen N. Perales	830 Arbor Pointe way	Nampa	ID		83686	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 127060</b>	6. Signature:  Name (type or print): <u>Roy Perales</u>		Date: <u>2/2/2015</u> Title: <u>Agent</u>																																			
Issued 02/03/2015 by JL1																																						

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

1. If the mailing address is different from the registered agent's address, use the mailing address. If the