

No. W 111540	Reinstatement Annual Report Form ADMIN DISSOLVED 05/14/2014		2. Registered Agent and Office (NOT A P.O. BOX) NATHAN OULMAN 21 MIDLAKE DRIVE <i>198 Kristelle Loop</i> SAGLE ID 83860 <i>Sagle ID 83860</i>
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. HOSTOOPL LLC NATHAN OULMAN 21 MIDLAKE DRIVE SAGLE ID 83860 <i>Nathan Oulman</i> <i>198 Kristelle Loop</i> <i>Sagle ID 83860</i>		3. <u>New</u> Registered Agent Signature. <div style="text-align: right; font-size: 2em; font-weight: bold;">FILED</div>
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Nathan Oulman</i> <i>198 Kristelle Loop</i> <i>Sagle ID</i> <i>USA</i> <i>83860</i>			
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: <div style="text-align: center; font-weight: bold; font-size: 1.2em;"> IDAHO W 111540 </div>		6. Signature: <i>Nath</i> <div style="border-top: 1px solid black; margin-top: 10px;"> Name (type or print): <i>Nathan Oulman</i> </div> <div style="text-align: right; margin-top: 10px;"> Date: <i>1-9-17</i> Title: <i>Owner</i> </div>	