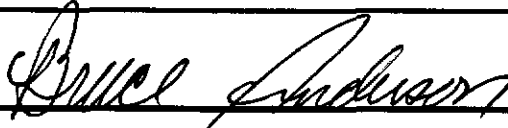
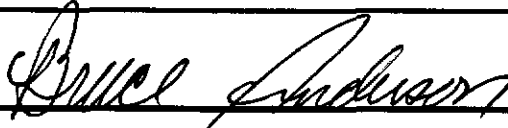
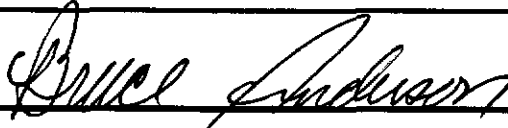


No. W 72347	Reinstatement Annual Report Form ADMIN DISSOLVED 06/08/2010		2. Registered Agent and Office (NOT A P.O. BOX) BRUCE ALBERT ANDERSON 1947 POPLAR AVE TWIN FALLS ID 83301	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. NOLIMITS300, LLC BRUCE ANDERSON 1947 POPLAR AVE TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.	

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager	Bruce Anderson	1947 Poplar Ave	Twin Falls	Id	US	83301

5. Organized Under the Laws of: <div style="text-align: center; padding: 10px;"> IDAHO W 72347 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;"> Signature: <u></u> </td> <td style="width: 30%;"> Date: <u>1-3-2011</u> </td> </tr> <tr> <td> Name (type or print): <u>Bruce Anderson</u> </td> <td> Title: <u>Manager</u> </td> </tr> </table>	Signature: <u></u>	Date: <u>1-3-2011</u>	Name (type or print): <u>Bruce Anderson</u>	Title: <u>Manager</u>
Signature: <u></u>	Date: <u>1-3-2011</u>				
Name (type or print): <u>Bruce Anderson</u>	Title: <u>Manager</u>				

Issued 12/06/2010 by SLD