



**FILED EFFECTIVE**

No. <b>W 87508</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 01/14/2013</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ALEXANDER CASTAGNO 510 E SHERMAN AVE COEUR D ALENE ID 83814																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. OUTDOORS UNLIMITED, LIMITED LIABILITY COMPANY <del>515 EAST SHERMAN AVE</del> <b>510 E. Sherman Ave</b> COEUR D'ALENE ID 83814		3. <u>New</u> Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Alexander Castagno</td> <td>510 E. Sherman Ave.</td> <td>CDA</td> <td>ID</td> <td>Kootenai</td> <td>83814</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> <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"/>	Alexander Castagno	510 E. Sherman Ave.	CDA	ID	Kootenai	83814	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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</b> <b>W 87508</b>		6. Signature:  Date: <b>4/16/13</b> Name (type or print): <b>Alexander Castagno</b> Title: <b>Member</b>																																				
Issued 03/11/2013 by JL1																																						

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**