REINSTATEMENTILED EFFECTIVE

No. W 64785	Annual Report Form ADMIN DISSOLVED 10/07/2008		2. Registered Agent and Office NOT A P.O. BOX AARON C CHARRIER 225 N 9TH ST STE 820 BOISE, ID 83702		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 FEE DUE \$30.00	1. Mailing Address - Correct in this box, I applicable OUTPOST 12, LLC Out post 12, LLC				
	1613 N WATSON WAY	3890 W. State st. Boise, I.J. 83704	3. New registered agent signature		
Limited Liability Companies: Er Limited and Limited Liability Pr Office held Name Manager Teff	d Business Addresses of President nter Names and Addresses of managartnerships: Enter names and addresses of the Street or P. 1613 N.	ement. sses of at least two (2) partners. O.Address Watson Way	City Eagle Boise	State Id. Id.	Zip 87616 83704
5. Organized under the laws of: IDAHO W 64785	6. Signature Name (Typod or Printed)	Ramon Eguszaiz		12/22 Manage	log