

No. W 72347	Due no later than Mar 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. NOLIMITS300, LLC BRUCE ANDERSON 1947 POPLAR AVE TWIN FALLS ID 83301		BRUCE ALBERT ANDERSON 1947 POPLAR AVE TWIN FALLS ID 83301			
			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	BRUCE ANDERSON	1947 POPLAR AVE	TWIN FALLS	ID		83301
5. Organized Under the Laws of: ID W 72347		6. Annual Report must be signed.* Signature: Bruce Anderson Name (type or print): Bruce Anderson		Date: 04/23/2015 Title: Manager		
Processed 04/23/2015		* Electronically provided signatures are accepted as original signatures.				