No. W 104613		Due no later than Jun 30, 2012	2. Registered Ag	2. Registered Agent and Address (NO PO BOX) JOHN A COLEMAN 401 GOODING ST N STE 201 TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
Return to:		Annual Report Form	JOHN A COL				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. OUTCOMETOOLS, LLC NATHAN OLSEN PO BOX 1293 TWIN FALLS ID 83303-1293	TWIN FALLS				
NO FILING FEE IF RECEIVED BY DUE DATE							
200	panies: Enter Nar	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	NATHAN OL	SEN PO BOX 5578	TWIN FALLS	ID	USA	83303	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: John Coleman		Date: 05/03/2012			
W 104613		Name (type or print): John Coleman		Title: Agent			
Processed 05/03/2012 * Electronically provided signatures are accepted as original signatures.							