No. W 46419	Reinstatement Annual Report Form ADMIN DISSOLVED 04/15/2013	2. Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. OTL, LLC AUSTIN J GARRETT ~~1909 BOWER DR~~ ~~LAKE OSWEGO OR 97035~~ 204S E. LOOKOUT DR COEUR D'ALENE, ID 83815	AUSTIN J GARRETT ~~1942 W MILL AVE #101~~ ~~COEUR D ALENE ID 83814~~ 204S E. LOOKOUT DR COEUR D'ALENE, ID 83815
REINSTATEMENT FEE DUE: $30.00		3. New Registered Agent Signature.

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

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager [X] Member [ ]	AUSTIN J. GARRETT	204S E. LOOKOUT DR	COEUR D'ALENE	ID	USA	83815
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						
Manager [ ] Member [ ]						

5. Organized Under the Laws of:	6.
IDAHO W 46419	Signature: [signature] Date: 8/29/2013 Name (type or print): AUSTIN J. GARRETT Title: MANAGER

Issued 08/29/2013 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM