


No. W 67168	Reinstatement Annual Report Form ADMIN DISSOLVED 01/25/2016		2. Registered Agent and Office (NOT A P.O. BOX) LANCE G HUBSMITH 1016 WILDWOOD WAY TWIN FALLS ID 83301 4086 SAGE SPRINGS CIRCLE KIMBERLY, ID 83341
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. OUTDOOR LIFE MANAGEMENT, LLC LINDSAY HUBSMITH 1016 WILDWOOD WAY TWIN FALLS ID 83301 LANCE G HUBSMITH 4086 SAGE SPRINGS CIRCLE KIMBERLY, ID 83341		3. <u>New</u> Registered Agent Signature.
FILED			
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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	LANCE G HUBSMITH	4086 SAGE SPRINGS CIRCLE	KIMBERLY ID USA 83341
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 67168</div>		6. Signature:  Date: 1/11/2018 <hr/> Name (type or print): LANCE G HUBSMITH <hr/> Title: MANAGER	
Issued 01/11/2018 by online			