

FILED EFFECTIVE

No. W 73701	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010															
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. ODDBALLZ, LLC PO BOX 475 SMELTERVILLE ID 83868	2. Registered Agent and Office (NOT A P.O. BOX) JAMES DRISKELL <i>Barbara Kriedman</i> 301 MAIN ST SMELTERVILLE ID 83868														
		3. New Registered Agent Signature. <i>Barbara Kriedman</i>														
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager Member (circle one)</td><td><i>Barbara Kriedman</i></td><td><i>P.O. Box 475</i></td><td><i>Smelterville, ID</i></td><td><i>USA</i></td><td></td><td><i>83868</i></td></tr></tbody></table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager Member (circle one)	<i>Barbara Kriedman</i>	<i>P.O. Box 475</i>	<i>Smelterville, ID</i>	<i>USA</i>		<i>83868</i>
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5. Organized Under the Laws of: IDAHO W 73701	6. <table border="1"><tr><td>Signature: <i>Barbara Kriedman</i></td><td>Date: <i>11-11</i></td></tr><tr><td>Name (type or print): <i>Barbara Kriedman</i></td><td>Title: <i>owner</i></td></tr></table>		Signature: <i>Barbara Kriedman</i>	Date: <i>11-11</i>	Name (type or print): <i>Barbara Kriedman</i>	Title: <i>owner</i>										
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