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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------|---------|-------------|--|
| No. <b>C 85895</b>                                                                                                                                     |                  | <b>Due no later than Feb 28, 2018</b>                                                                                                                                                   |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>ROCK CREEK TRADING COMPANY<br>STEVEN C. WOLTERS<br>P. O. BOX 965<br>KIMBERLY ID 83341 |          | STEVE WOLTERS<br>3590 NORTH 3300 EAST<br>KIMBERLY ID 83341 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                         |          | 3. <u>New</u> Registered Agent Signature:*                 |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                  |                                                                                                                                                                                         |          |                                                            |         |             |  |
| Office Held                                                                                                                                            | Name             | Street or PO Address                                                                                                                                                                    | City     | State                                                      | Country | Postal Code |  |
| VICE PRESIDENT                                                                                                                                         | MICHELLE WOLTERS | 3590 N 3300 E                                                                                                                                                                           | KIMBERLY | ID                                                         | USA     | 83341       |  |
| PRESIDENT                                                                                                                                              | STEVEN C WOLTERS | 3590 N 3300 E                                                                                                                                                                           | KIMBERLY | ID                                                         | USA     | 83341       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 85895</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: VARCEIL KAMPLIN<br>Name (type or print): VARCEIL KAMPLIN                                                                                |          |                                                            |         |             |  |
| Date: 12/29/2017<br>Title: BOOKKEEPER                                                                                                                  |                  |                                                                                                                                                                                         |          |                                                            |         |             |  |
| Processed 12/29/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                               |          |                                                            |         |             |  |