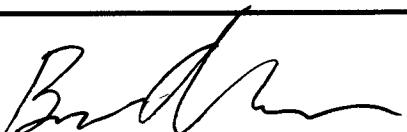


<p>No. W 142318</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p><b>REINSTATEMENT FEE DUE: \$30.00</b></p>		<p>Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015</p> <p>1. Mailing Address: Correct in this box if needed. CUB RIVER OUTFITTERS LLC 645 ALPINE DR CHUBBUCK ID 83202</p>		<p>2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> BRENT AUGER 645 ALPINE DR CHUBBUCK ID 83202</p> <p>3. <u>New</u> Registered Agent Signature.</p>																																				
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table> <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 <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Brent Auger</td> <td>645 Alpine Dr. Chubbuck, ID</td> <td>83202</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Brandon Moon</td> <td>1016 Stars Rd. Chubbuck, ID</td> <td>83202</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Brent Auger	645 Alpine Dr. Chubbuck, ID	83202				Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Brandon Moon	1016 Stars Rd. Chubbuck, ID	83202				Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<p>5. Organized Under the Laws of:  IDAHO W 142318</p>		<p>6.</p> <p>Signature: </p> <p>Name (type or print): Brent Auger</p> <p>Date: 12/29/15</p> <p>Title: Manager</p>																																						
<p>Issued 12/29/2015 by online</p>																																								

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**