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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-------------------------------------------------------|---------|-------------|--|
| No. <b>C 142683</b>                                                                                                                                    |                | <b>Due no later than Feb 29, 2016</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>                                                                                                                      |             | RANDY K KRALL<br>402 W 22ND ST N<br>LEWISTON ID 83501 |         |             |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>CAMP, CABIN AND HOME, INC.<br>RANDY KRALL<br>PO BOX 1244<br>LEWISTON ID 83501     |             | 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 |  |
| PRESIDENT                                                                                                                                              | RANDAL K KRALL | 2785 SKYLINE DR                                                                                                                                | NEW MEADOWS | ID                                                    | USA     | 83654       |  |
| SECRETARY                                                                                                                                              | MARK ALEXANDER | 16 PINE GLENN                                                                                                                                  | BLAUVELT    | NY                                                    | USA     | 10913       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 142683</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Randal K Krall<br>Name (type or print): Randal K Krall<br>Date: 12/28/2015<br>Title: President |             |                                                       |         |             |  |
| Processed 12/28/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                      |             |                                                       |         |             |  |