| No. <b>W 161921</b>  |   |   |                      |                        |   | 2. Registered Agent and Address (NO PO BOX) |         |             |  |
|--|---|---|----------------------|------------------------|---|---|---------|-------------|--|
| Return to:   |   | Annual Report Form  |                      |                        | PAUL B WITHERS<br>1301 MAIN ST SUITE 6<br>SALMON ID 83467 |   |         |             |  |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080                      |   | 1. Mailing Address: Correct in this box if needed.  CASTLE CREEK OUTFITTERS, LLC.  SHANE R MCAFEE PO BOX 2008 |                      |                        |   |   |         |             |  |
| <u> </u>   | I .   | SALMON ID 83467   |                      |                        | 3. <u>New</u> Regis                                       | tered Agent Signature:*                     |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |   |   |                      |                        |   |   |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. |   |   |                      |                        |   |   |         |             |  |
| Office Held Name   |   |   | Street or PO Address |                        | City  | State                                       | Country | Postal Code |  |
| MEMBER SHAN  | SHANE R MCAFEE  |   | 13 SEVENTEEN MILE RD | D P.O. BOX 2008 SALMON |   | ID  | USA     | 83467       |  |
|  |   |   |                      |                        |   |   |         |             |  |
| 5. Organized Under the Laws of:  |   | 6. Annual Report must be signed.*   |                      |                        |   |   |         |             |  |
| ID   |   | Signature: Shane R McAfee   |                      |                        | Date: 01/27/2017  |   |         |             |  |
| W 161921   |   | Name (type or print): Shane R McAfee  |                      |                        | Title: Owner  |   |         |             |  |
| Processed 01/27/2017   | * Electronically provided signatures are accepted as original signatures. |   |                      |                        |   |   |         |             |  |