No. **C 81296**	**Due no later than May 31, 2017** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** LOST LAKES OUTFITTERS, INC. TIM CRAIG PO BOX 119 PECK ID 83545	ROBERT L BROWER 1304 IDAHO ST LEWISTON ID 83501 3. New 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
SECRETARY	MATT CRAIG	POB 119	PECK	ID	USA	83545
PRESIDENT	TIM CRAIG	POB 119	PECK	ID	USA	83545

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 81296**	Signature: Robert L. Brower	Date: 03/20/2017
	Name (type or print): Robert L. Brower	Title: Attorney at Law

Processed 03/20/2017

* Electronically provided signatures are accepted as original signatures.