



Idaho Limited Liability Company Annual Report Form

File online at: SOSBIZ.idaho.gov

Due no later than: 03/31/2019

Reporting Year: 2018

Return completed form within 30 days to:

Idaho Secretary of State
Attn: Annual Reports
450 North 4th Street
Boise, ID 83720
Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 600101

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 03/19/2018

Formation Locale: ID

Name and Mailing Address:

HAMILTON OUTDOOR ADVENTURES LLC
PO BOX 331
JULIAETTA, ID 83535

(1) Add or Change Mailing Address:

Registered Agent (RA) and Registered Office (RO) Address:

JERRY W HAMILTON
420 STATE ST
JULIAETTA, ID 83535

(2) Change RA and/or RO Address:

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

| Manager/Member | Name | Business Address | City, State, Zip |
|--|------------------|------------------|------------------------|
| <input checked="" type="checkbox"/> Mgr <input type="checkbox"/> Mem | Jerry W Hamilton | 420 State Street | Juliaetta Id 83535 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Danice Hamilton | 420 State Street | Juliaetta Id 83535 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Kyle Hamilton | 625 S. Blaine | Moscow Id 83843 |
| <input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem | Seth Hamilton | 1820 N. 5th St | Coeur d'Alene Id 83814 |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |
| <input type="checkbox"/> Mgr <input type="checkbox"/> Mem | | | |

(5) Signature:

(6) Date:

(7) Type/Print Name:

(8) Title:

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0198-0875 03/15/2019 10:50 AM Received by ID Secretary of State Lawrence Denney