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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|------|---------------------------------------------------------------|---------|-------------|--|
| No. <b>C 103702</b>                                                                                                                                    |                | <b>Due no later than Oct 31, 2016</b>                                                                                                                 |      | <b>2. Registered Agent and Address (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>1. Mailing Address: Correct in this box if needed.</b><br><br>WHOLESALE FISHING SUPPLY, INC.<br>LELAND L DAVIS<br>PO BOX 125<br>MONA UT 84645-0125 |      | LARRY CROSS<br>4035 NORTH YELLOWSTONE<br>IDAHO FALLS ID 83403 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                       |      | 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                                                                                                                                              | LELAND L DAVIS | 160 N 200 E                                                                                                                                           | MONA | UT                                                            | USA     | 84645       |  |
| SECRETARY                                                                                                                                              | KATHY C DAVIS  | 160 N 200 E                                                                                                                                           | MONA | UT                                                            | USA     | 84645       |  |
| 5. Organized Under the Laws of:<br><br><b>UT<br/>C 103702</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Leland Davis<br>Name (type or print): Leland Davis                                                    |      |                                                               |         |             |  |
|                                                                                                                                                        |                | Date: 08/31/2016<br>Title: President                                                                                                                  |      |                                                               |         |             |  |
| Processed 08/31/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                             |      |                                                               |         |             |  |