




No. W 161921	Due no later than Feb 28, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. CASTLE CREEK OUTFITTERS, LLC. SHANE R MCAFEE PO BOX 2008 SALMON ID 83467		PAUL B WITHERS 1301 MAIN ST SUITE 6 SALMON ID 83467																																				
			3. New Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"><thead><tr><th>Manager or Member</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Country</th><th>Postal Code</th></tr></thead><tbody><tr><td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td><td>Shane McAfee</td><td>PO Box 2008</td><td>Salmon</td><td>ID</td><td>USA</td><td>83467</td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Shane McAfee	PO Box 2008	Salmon	ID	USA	83467	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 161921		6. <table border="1"><tr><td>Signature: </td><td>Date: 3/6/18</td></tr><tr><td>Name (type or print): SHANE R. MCAFEE</td><td>Title: Manager</td></tr></table>			Signature: 	Date: 3/6/18	Name (type or print): SHANE R. MCAFEE	Title: Manager																															
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Issued 03/02/2018 by TAH