

|                                                                                                                                                        |                     |                                                                                                                                          |        |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 10227</b>                                                                                                                                     |                     | <b>Due no later than Nov 30, 2014</b>                                                                                                    |        | 2. Registered Agent and Address <b>(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>BOW & ARROW, L.L.C.<br>RENE BINE<br>PO BOX 4148<br>HAILEY ID 83333-4148 |        | RENE BINE III<br>209 S MAIN<br>HAILEY 83333        |         |             |  |
|                                                                                                                                                        |                     |                                                                                                                                          |        | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
| 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                                                                                                                                                 | DAN KUNKEL          | PO BOX 4148                                                                                                                              | HAILEY | ID                                                 |         | 83333-4148  |  |
| MEMBER                                                                                                                                                 | CARLOS R. RODRIGUEZ | P.O. BOX 4148                                                                                                                            | HAILEY | ID                                                 | USA     | 83340       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 10227</b>                                                                                           |                     | 6. Annual Report must be signed.*<br>Signature: Carlos Rodriguez<br>Name (type or print): Carlos Rodriguez                               |        |                                                    |         |             |  |
|                                                                                                                                                        |                     | Date: 10/04/2014<br>Title: Member                                                                                                        |        |                                                    |         |             |  |
| Processed 10/04/2014                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                |        |                                                    |         |             |  |