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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------------|---------------------|
| No. <b>W 58440</b>                                                                                                                                     |             | <b>Due no later than Jan 31, 2015</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>LAKE CREEK ANGLERS, LLC<br>SABRINA BROWN<br>5412 S HOUSE ROCK CIR<br>IDAHO FALLS ID 83406<br>USA |             | SCOTT BROWN<br>5412 S HOUSE ROCK CIR<br>IDAHO FALLS 83406 |                     |
|                                                                                                                                                        |             |                                                                                                                                                                                                    |             | 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 |
| MANAGER                                                                                                                                                | SCOTT BROWN | 5412 S HOUSE ROCK CIR                                                                                                                                                                              | IDAHO FALLS | ID                                                        | 83406               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 58440</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: Scott Brown<br>Name (type or print): Scott Brown<br>Date: 12/03/2014<br>Title: Owner                                                               |             |                                                           |                     |
| Processed 12/03/2014                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                                          |             |                                                           |                     |