

No. <b>W 5641</b>	<b>Due no later than Feb 28, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> SOUTH FORK OUTFITTERS, LLC LORI B KRUSE PO BOX 20 SWAN VALLEY ID 83449		LORI KRUSE 40 CONANT VALLEY LOOP SWAN VALLEY ID 83449			
			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	MARK F ROCKEFELLER	ROOM 5600 30 ROCKEFELLER PLAZE	NEW YORK	NY	USA	10112
5. Organized Under the Laws of:  <b>ID</b> <b>W 5641</b>		6. Annual Report must be signed.* Signature: Lori Kruse Name (type or print): Lori Kruse Date: 12/09/2010 Title: Contoller				
Processed 12/09/2010		* Electronically provided signatures are accepted as original signatures.				