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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|------------------------------------------------------------------------------------------------------------------------------|-------|---------------------|
| No. W 78305<br><br>Return to:<br><br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF RECEIVED BY DUE DATE</b> | Due no later than Oct 31, 2011<br>Annual Report Form                                                                                                   |                      | 2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> )<br>GORDEN R KIRSCHENMANN<br>2322 US HWY 93 N<br>NORTH FORK ID 83466 |       |                     |
|                                                                                                                                                                         | 1. Mailing Address: Correct in this box if needed.<br>MOUNTAIN K CUTLERY L.L.C.<br><br>2322 US HWY 93 N<br>NORTH FORK ID 83466                         |                      | 3. <u>New</u> Registered Agent Signature.                                                                                    |       |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.                                                                     |                                                                                                                                                        |                      |                                                                                                                              |       |                     |
| Manager or Member<br><br>Manager Member (circle one)                                                                                                                    | Name                                                                                                                                                   | Street or PO Address | City                                                                                                                         | State | Country Postal Code |
| <p>Gorden R. Kirschmann 2322 Hwy. 93 N.<br/>North Fork, Idaho USA.<br/>83466</p>                                                                                        |                                                                                                                                                        |                      |                                                                                                                              |       |                     |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 78305                                                                                                                 | 6.<br>Signature: <u>Gorden R. Kirschmann</u> Date: <u>10-7-11</u><br>Name (type or print): <u>Gorden R. Kirschmann</u> Title: <u>Manager<br/>Owner</u> |                      |                                                                                                                              |       |                     |
| Issued 08/11/2011 by CLH 107889                                                                                                                                         |                                                                                                                                                        |                      |                                                                                                                              |       |                     |

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the