| No. <b>C 168824</b>  |  | Due no later than Sep 30, 2012   |                     | 2. Registered Agent and Address (NO PO BOX)                                       |         |             |  |
|--|--|--|---------------------|---|---------|-------------|--|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 | 1. Mailing Addres 12 MILE OUTFITTE DAVID R. OSGOOI 1115 HWY 93 S | Annual Report Form  1. Mailing Address: Correct in this box if needed.  12 MILE OUTFITTERS, INC. DAVID R. OSGOOD |                     | DAVID R OSGOOD 1115 HWY 93 S SALMON ID 83467  3. New Registered Agent Signature:* |         |             |  |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   |  |  |                     |   |         |             |  |
| 4. Corporations: Enter Names and Bu  | siness Addresses of Presid                                       | dent, Secretary, and Directors. Tre  | easurer (optional). |   |         |             |  |
| Office Held Name   |  | Street or PO Address   | City                | State   | Country | Postal Code |  |
| TREASURER DAVID R  | OSGOOD   | 1115 HIGHWAY 93 S  | SALMON              | ID  | USA     | 83467       |  |
| SECRETARY SHARON   | J OSGOOD   | 1115 HIGHWAY 93 S  | SALMON              | ID  | USA     | 83467       |  |
| PRESIDENT CHRISTO  | PHER D OSGOOD  | 1412 SHOUP ST  | SALMON              | ID  | USA     | 83467       |  |
| 5. Organized Under the Laws of: 6. Annual Report mus   |  | t be signed.*  |                     |   |         |             |  |
| <b>ID</b> Signature: David R. Osg  |  | . Osgood   | Date                | Date: 07/14/2012  |         |             |  |
| <b>C 168824</b> Name (type of  |  | t): David R. Osgood  | Title               | Title: Registered Agent   |         |             |  |
| Processed 07/14/2012   | * Electronically provide   | * Electronically provided signatures are accepted as original signatures.  |                     |   |         |             |  |