

|  |               |   |           |  |         |             |  |
|--|---------------|---|-----------|--|---------|-------------|--|
| No. <b>W 99114</b>   |               | Due no later than Dec 31, 2015  |           | 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>SHATTUCK CREEK OUTFITTERS, LLC<br>AMON W MOLSEE<br>PO BOX 166<br>ELK RIVER ID 83827 |           | AMON MOLSEE<br>297 SHATTUCK RIDGE RD<br>ELK RIVER ID 83827 |         |             |  |
|  |               |   |           | 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   | AMON W MOLSEE | PO BOX 166  | ELK RIVER | ID   | USA     | 83827       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 99114</b>   |               | 6. Annual Report must be signed.*<br>Signature: Amon Molsee<br>Name (type or print): Amon Molsee<br>Date: 11/17/2015<br>Title: Registered Agent                                       |           |  |         |             |  |
| Processed 11/17/2015   |               | * Electronically provided signatures are accepted as original signatures.   |           |  |         |             |  |