| No. W 39028 | | Due no later than Apr 30, 2010 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------------------|--|------------------------|---|------------|----------------|--|
| Return to: | | Annual Report Form | | CALVIN L FULLER 80 SELKIRK RD | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | SANDPOINT O 400 SCHWEIT | 1. Mailing Address: Correct in this box if needed. SANDPOINT OUTFITTERS, L.L.C. 400 SCHWEITZER PLAZA DR #5 PONDERAY ID 83852 | | SANDPOINT ID 83864 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | 3. <u>New</u> Register | ed Agent S | ignature:* | | |
| 4. Limited Liability Companies: Enter | Names and Addresse | s of at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| | L FULLER E ANDERSON | 987 GOLD CREEK RD PO BOX 16 | SANDPOINT KOOTENAI | ID ID | USA USA | 83864 83840 | |
| 5. Organized Under the Laws of: | 6. Annual Repor | . Annual Report must be signed.* | | | | | |
| ID ID | Signature: Ca | Signature: Calvin Fuller | | Date: 02/16/2010 | | | |
| W 39028 | Name (type o | Name (type or print): Calvin Fuller | | Title: Member | | | |
| Processed 02/16/2010 | * Electronically p | * Electronically provided signatures are accepted as original signatures. | | | | | |