

| | | | | | |
|--|------------------|---|--------|---|---------------------|
| No. W 18864 | | Due no later than Apr 30, 2018 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. SPECIALTY RECREATION & MARINE, LLC CASEY MORRISROE 722 W APPLEWAY AVE COEUR D ALENE ID 83814 | | MICHAEL R CHAPMAN 402 W CANFIELD AVE STE 2 COEUR D'ALENE ID 83815 | |
| | | | | 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 |
| MANAGER | JOHN C MORRISROE | 12083 N STRAHORN ROAD | HAYDEN | ID | 83835 |
| 5. Organized Under the Laws of: ID W 18864 | | 6. Annual Report must be signed.* Signature: John C Morrisroe Name (type or print): John C Morrisroe Date: 02/24/2018 Title: Manager | | | |
| Processed 02/24/2018 | | * Electronically provided signatures are accepted as original signatures. | | | |