

No. W 106294		Due no later than Aug 31, 2017 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LOST MOOSE CAMPGROUND, LLC SHARON L SMITH 27706 S LATOUR CREEK RD CATALDO ID 83810		SHARON L SMITH 27706 S LATOUR CREEK RD CATALDO ID 83810			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name SHARON L SMITH	Street or PO Address 27706 S LATOUR CREEK RD		City CATALDO	State ID	Country USA	Postal Code 83810
5. Organized Under the Laws of: ID W 106294		6. Annual Report must be signed.* Signature: Sharon Smith Name (type or print): Sharon Smith Date: 07/12/2017 Title: member					
Processed 07/12/2017 * Electronically provided signatures are accepted as original signatures.							