

|                                                                                                                                                        |                |                                                                                                                                               |         |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------|---------|-------------|--|
| No. <b>C 43288</b>                                                                                                                                     |                | <b>Due no later than Jan 31, 2018</b>                                                                                                         |         | 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>1. Mailing Address: Correct in this box if needed.</b><br>MOUNTAINEERING OUTFITTERS, INC.<br>LYNDA OLESEN<br>PO BOX 15<br>TETONIA ID 83452 |         | LYNDA OLESEN<br>6247 S. FIFTH ST<br>TETONIA ID 83452 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                               |         | 3. <u>New</u> Registered Agent Signature:*           |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |                                                                                                                                               |         |                                                      |         |             |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                          | City    | State                                                | Country | Postal Code |  |
| TREASURER                                                                                                                                              | MARC OLESEN    | POBOX 15                                                                                                                                      | TETONIA | ID                                                   | USA     | 83452       |  |
| PRESIDENT                                                                                                                                              | LYNDA OLESEN   | POBOX 15                                                                                                                                      | TETONIA | ID                                                   | USA     | 83452       |  |
| SECRETARY                                                                                                                                              | JEREMY SCHMIDT | PO BOX 15                                                                                                                                     | TETONIA | ID                                                   | USA     | 83452       |  |
| 5. Organized Under the Laws of:<br><b>ID<br/>C 43288</b>                                                                                               |                | 6. Annual Report must be signed.*<br>Signature: Lynda Olesen<br>Name (type or print): Lynda Olesen<br>Date: 01/29/2018<br>Title: President    |         |                                                      |         |             |  |
| Processed 01/29/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                     |         |                                                      |         |             |  |