No. C 183090		Due n	-	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			SCOTT K EREKSON 37 ILKA LANE MCCALL ID 83638 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. LIGHTNING CREEK OUTFITTERS, INC. SCOTT EREKSON P.O. BOX 2690 MCCALL ID 83638 USA		1				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Nar	mes and Busin	ess Addresses of Pre	sident, Secretary, and Directors. Trea	surer (d	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
SECRETARY	LAURIE I EREKSON		P.O. BOX 2690		MCCALL	ID	USA	83638
PRESIDENT	SCOTT K. EREKSON		P. O. BOX 2690		MCCALL	ID	USA	83638
DIRECTOR SCOTT RAYMOND EREKSON			1075 RIDGE RD		MCCALL	ID	USA	83638
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Laurie Erekson			Date: 04/29/2015			
C 183090		Name (type or print): Laurie Erekson			Title: Secretary			
Processed 04/29/2015	* Electronically provided signatures are accepted as original signatures.							