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|--|-----------------|--|--------|--|----------------------------------|-------------|--|
| No. W 157008 | | Due no later than Oct 31, 2017 | | 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 | | 1. Mailing Address: Correct in this box if needed. CROSSCUT OUTFITTERS LLC JACOB STEPHENSON 166 TIMBERLINE DR PIERCE ID 83546 | | BRANDY L MCELROY 414 MAIN ST COTTONWOOD ID 83522 | | | |
| | | | | 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 | |
| MEMBER | JAKE STEPHENSON | 166 TIMBERLINE DR | PIERCE | ID | USA | 83546 | |
| 5. Organized Under the Laws of: ID W 157008 | | 6. Annual Report must be signed.* Signature: Jacob stephenson Name (type or print): Jacob stephenson | | | Date: 08/22/2017 Title: Owner | | |
| Processed 08/22/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |