

|                                                                                                                                                        |            |                                                                                                                                              |        |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 120455</b>                                                                                                                                    |            | <b>Due no later than Jan 31, 2017</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>BOULDER MOUNTAIN ATHLETICS, LLC.<br>KYL SAMWAY<br>PO BOX 340<br>HAILEY ID 83333 |        | KYL SAMWAY<br>13 E ELM ST<br>HAILEY ID 83333       |         |                  |  |
|                                                                                                                                                        |            |                                                                                                                                              |        | 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                                                                                                                                                | KYL SAMWAY | PO BOX 340                                                                                                                                   | HAILEY | ID                                                 | USA     | 83333            |  |
| 5. Organized Under the Laws of:                                                                                                                        |            | 6. Annual Report must be signed.*                                                                                                            |        |                                                    |         |                  |  |
| <b>ID<br/>W 120455</b>                                                                                                                                 |            | Signature: Kyl Samway                                                                                                                        |        |                                                    |         | Date: 12/19/2016 |  |
|                                                                                                                                                        |            | Name (type or print): Kyl Samway                                                                                                             |        |                                                    |         | Title: Manager   |  |
| Processed 12/19/2016                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                    |        |                                                    |         |                  |  |