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| No. W 104697 | Due no later than Jul 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 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. | | TRACY A CRITES 4709 N COLLISTER DR BOISE ID 83703 | | | |
| | OUTDOOR EXCHANGE, LLC TRACY A CRITES 1405 W. GROVE STREET BOISE ID 83702 | | 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 | TRACY A CRITES | 1405 W. GROVE STREET | BOISE | ID | USA | 83702 |
| MEMBER | JASON A CRITES | 1405 W. GROVE STREET | BOISE | ID | USA | 83702 |
| 5. Organized Under the Laws of: ID W 104697 | 6. Annual Report must be signed.* Signature: TRACY CRITES Name (type or print): TRACY CRITES Date: 05/30/2017 Title: Managing Member | | | | | |
| Processed 05/30/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | |