

|                                                                                                                                                        |            |                                                                                                                                                 |       |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 73097</b>                                                                                                                                     |            | <b>Due no later than Apr 30, 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><br>OUTDOORS INTERNATIONAL, LLC<br>CORY GLAUNER<br>PO BOX 633<br>HAGERMAN ID 83332 |       | B CORY GLAUNER<br>380 W HAGERMAN AVE<br>HAGERMAN ID 83332 |         |             |  |
|                                                                                                                                                        |            |                                                                                                                                                 |       | 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                                                                                                                                                 | RUSS MEYER | 15 SOUTH ROLLING GREEN ST.                                                                                                                      | NAMPA | ID                                                        | USA     | 83667       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 73097</b>                                                                                           |            | 6. Annual Report must be signed.*<br>Signature: Cory Glauner<br>Name (type or print): Cory Glauner<br>Date: 04/04/2018<br>Title: Manager        |       |                                                           |         |             |  |
| Processed 04/04/2018                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                       |       |                                                           |         |             |  |