

No. W 27549	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011		2. Registered Agent and Office (NOT A P.O. BOX) CLINTON ARNOLD 22 N MAPLE AVE <i>Bradley J. Rhodes</i> SUGAR ID 83448 3067 Hwy 20 Chester, ID. 83421																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. GRASSY LAKE OUTFITTERS, LLC CLINTON ARNOLD 22 N MAPLE AVE SUGAR ID 83448 P.O. Box 665 Ashton, ID. 83420 Hwy 3067 Chester, ID. 83421		3. New Registered Agent Signature. <i>Bradley J. Rhodes</i>																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Bradley J Rhodes</td> <td>PO Box 665</td> <td>Ashton</td> <td>ID</td> <td>USA</td> <td>83420</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Diane Rhodes</td> <td>PO Box 665</td> <td>Ashton</td> <td>ID</td> <td>USA</td> <td>83420</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Bradley J Rhodes	PO Box 665	Ashton	ID	USA	83420	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Diane Rhodes	PO Box 665	Ashton	ID	USA	83420	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 27549 </div>		6. Signature: <i>Bradley Rhodes</i> Date: <u>1-2-2014</u> Name (type or print): <u>Bradley Rhodes</u> Title: <u>manager</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM