No. <b>W 106294</b>		Due no later than Aug 31, 2012		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  LOST MOOSE CAMPGROUND, LLC  SHARON L SMITH  27706 S LATOUR CREEK RD  CATALDO ID 83810		27706 S LAT	SHARON L SMITH 27706 S LATOUR CREEK RD CATALDO ID 83810  3. New Registered Agent Signature:*			
				3. <u>New</u> Registe				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Compa	anies: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	MEMBER SHARON L SMITH		27706 S LATOUR CREEK RD	CATALDO	ID	USA	83810	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sharon L Smith			Date: 06/20/2012			
W 106294		Name (type o		Title: Member				
Processed 06/20/2012 * Electronically provided signatures are accepted as original signatures.								