

|                                                                                                                                                        |                 |                                                                                                                                                             |        |                                                          |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------------|---------|-------------|--|
| No. <b>W 39998</b>                                                                                                                                     |                 | <b>Due no later than Jun 30, 2014</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>LAKE FORK WOODCRAFT, L.L.C.<br>MICHAEL D SMITH<br>329 ASHTON LN<br>MCCALL ID 83638-5333<br>USA |        | MICHAEL D SMITH<br>329 ASHTON LN<br>MCCALL ID 83638-5333 |         |             |  |
|                                                                                                                                                        |                 |                                                                                                                                                             |        | 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                                                                                                                                                | MICHAEL D SMITH | 329 ASHTON LN                                                                                                                                               | MCCALL | ID                                                       | USA     | 83638       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 39998</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Michael D. Smith<br>Name (type or print): Michael D. Smith                                                  |        |                                                          |         |             |  |
|                                                                                                                                                        |                 | Date: 04/21/2014<br>Title: Owner                                                                                                                            |        |                                                          |         |             |  |
| Processed 04/21/2014                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                   |        |                                                          |         |             |  |