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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 131</b>                                                                                                                                       |                   | <b>Due no later than Dec 31, 2015</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>Annual Report Form</b>                                                                                                                                  |        | JEAN CLAYTON<br>201 RIVER ST N<br>HAILEY ID 83333  |                  |             |  |
|                                                                                                                                                        |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br>HIGH DESERT SPORTS LIMITED LIABILITY COMPANY<br>JEAN CLAYTON<br>PO BOX 158<br>HAILEY ID 83333 |        | 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                                                                                                                                                 | WAYNE R CLAYTON   | 201 RIVER ST                                                                                                                                               | HAILEY | ID                                                 | USA              | 83333       |  |
| MEMBER                                                                                                                                                 | NONA JEAN CLAYTON | 201 NORTH RIVER ST                                                                                                                                         | HAILEY | ID                                                 | USA              | 83333       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                                                                                                          |        |                                                    |                  |             |  |
| <b>ID<br/>W 131</b>                                                                                                                                    |                   | Signature: JEAN                                                                                                                                            |        |                                                    | Date: 10/15/2015 |             |  |
|                                                                                                                                                        |                   | Name (type or print): JEAN                                                                                                                                 |        |                                                    | Title: PT OWNER  |             |  |
| Processed 10/15/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                  |        |                                                    |                  |             |  |