

|  |               |  |            |   |         |             |  |
|--|---------------|--|------------|---|---------|-------------|--|
| No. <b>W 128524</b>  |               | Due no later than Aug 31, 2015<br><b>Annual Report Form</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>NWA OUTFITTERS, LLC<br>PO BOX 1293<br>TWIN FALLS ID 83303             |            | JOHN A COLEMAN<br>401 GOODING ST N STE 201<br>TWIN FALLS ID 83301 |         |             |  |
|  |               |  |            | 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   | MARK B WRIGHT | PO BOX 1293  | TWIN FALLS | ID  | USA     | 83303       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 128524</b>  |               | 6. Annual Report must be signed.*<br>Signature: John Coleman<br>Name (type or print): John Coleman<br>Date: 08/25/2015<br>Title: Agent |            |   |         |             |  |
| Processed 08/25/2015   |               | * Electronically provided signatures are accepted as original signatures.  |            |   |         |             |  |