

|                                                                                                                                                        |                   |                                                                                                                                                       |             |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------------|---------|-------------|--|
| No. <b>C 175340</b>                                                                                                                                    |                   | <b>Due no later than Oct 31, 2009</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>                                                                                                                             |             | RICK VINYARD<br>3113 EAST MAIN ST<br>LEWSISTON ID 83501 |         |             |  |
|                                                                                                                                                        |                   | <b>1. Mailing Address: Correct in this box if needed.</b><br>TUMAC OUTDOOR EQUIPMENT, INC.<br>TIMOTHY R LARKIN<br>PO BOX 1137<br>WALLA WALLA WA 99362 |             | 3. <u>New</u> Registered Agent Signature:*              |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                   |                                                                                                                                                       |             |                                                         |         |             |  |
| Office Held                                                                                                                                            | Name              | Street or PO Address                                                                                                                                  | City        | State                                                   | Country | Postal Code |  |
| PRESIDENT                                                                                                                                              | TIMOTHY R LARKIN  | 902 WEST ROSE ST                                                                                                                                      | WALLA WALLA | WA                                                      | USA     | 99362       |  |
| SECRETARY                                                                                                                                              | MICHAEL C MCCLURE | 902 WEST ROSE ST                                                                                                                                      | WALLA WALLA | WA                                                      | USA     | 99362       |  |
| 5. Organized Under the Laws of:<br><b>WA<br/>C 175340</b>                                                                                              |                   | 6. Annual Report must be signed.*<br>Signature: Sarah D McClure<br>Name (type or print): Sarah D McClure                                              |             |                                                         |         |             |  |
| Date: 09/08/2009<br>Title: Owner-Bookkeeper                                                                                                            |                   |                                                                                                                                                       |             |                                                         |         |             |  |
| Processed 09/08/2009                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                             |             |                                                         |         |             |  |