No. W 163217 Return to:		Due no later than Mar 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX) GARY CHAPMAN 189 GALLOP CIRCLE SAGLE ID 83860			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SANDPOINT IDAHO WATERSPORTS, LLC PO BOX 852 SANDPOINT ID 83864	SAGLE ID 8				
NO FILING FEE IF RECEIVED BY DUE DATE			3. <u>New</u> Register	ed Agent Si	ignature:*		
4. Limited Liability Con	npanies: Enter Nar	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER	GARY CHAPI	MAN P.O. BOX 852	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Gary Chapman		Date: 02/11/2018			
W 163217		Name (type or print): Gary Chapman		Title: Owner			
Processed 02/11/2018	3	* Electronically provided signatures are accepted as original signatures.					