No. **W 169335**	**Due no later than Jul 31, 2018** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** KREEKLAND OUTDOOR SUPPLY, LLC JACOB CHRISTOPHER ORME 352 E 550 N FIRTH ID 83236 USA	JACOB CHRISTOPHER ORME 352 E 550 N FIRTH ID 83236 3. New 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	JACOB C ORME	352 E 550 N	FIRTH	ID	USA	83236-1208

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 169335**	Signature: Jacob Orme	Date: 09/03/2018
	Name (type or print): Jacob Orme	Title: Manager

Processed 09/03/2018

* Electronically provided signatures are accepted as original signatures.