No. W 44840		Due no later than Nov 30, 2015 Annual Report Form		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:				MARK TABOR	Contraction Contract			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. BEAR CREEK OUTFITTERS LLC KEN FRANCISCO 454 LOST HORSE RD			2428 DIXIE CREEK RD CAMBRIDGE ID 83610			
		HAMILTON MT 59840		3. <u>New</u> Registered	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	KEN FRANCI	SCO	454 LOST HORSE RD	HAMILTON	MT		59840	
MANAGER	BARBARA F	RANCISCO	454 LOST HORSE RD	HAMILTON	MT		59840	
MEMBER	ER REX A PARSO		245 WISTER WALLACE RD	SULPHUR WELL	KY	USA	42129	
MEMBER	JESSE L ROUSE		454 LOST HORSE RD	HAMITLON	MT	USA	59840	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 44840		Signature: Barb		Date: 09/26/2015				
		Name (type or p		Title: Manager				
Processed 09/26/2015		* Electronically provided signatures are accepted as original signatures.						