

No. C 81296		Due no later than May 31, 2016 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. LOST LAKES OUTFITTERS, INC. TIM CRAIG PO BOX 119 PECK ID 83545		ROBERT L BROWER 1304 IDAHO ST LEWISTON ID 83501			
						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	
SECRETARY	MATT CRAIG	POB 119	PECK	ID	USA	83545	
PRESIDENT	TIM CRAIG	POB 119	PECK	ID	USA	83545	
5. Organized Under the Laws of: ID C 81296		6. Annual Report must be signed.* Signature: Robert L. Brower Name (type or print): Robert L. Brower					
Processed 03/23/2016		Date: 03/23/2016 Title: Attorney at Law * Electronically provided signatures are accepted as original signatures.					