

|                                                                                                                                                        |                |                                                                                                                                                |           |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 186870</b>                                                                                                                                    |                | <b>Due no later than Jul 31, 2018</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>1. Mailing Address: Correct in this box if needed.</b><br>LOCKEY U OUTFITTERS II LLC<br>ROBERT HVINDEN<br>PO BOX 2760<br>WILLISTON ND 58802 |           | ROBERT HVINDEN<br>1318 S MAIN<br>RIGGINS ID 83549  |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                |           | 3. <u>New</u> 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 |  |
| MEMBER                                                                                                                                                 | ROBERT HVINDEN | PO BOX 2760                                                                                                                                    | WILLISTON | ND                                                 | USA     | 58802       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 186870</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Robert Hvinden<br>Name (type or print): Robert Hvinden<br>Date: 06/15/2018<br>Title: Owner     |           |                                                    |         |             |  |
| Processed 06/15/2018                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                      |           |                                                    |         |             |  |