

No. W 131656	Due no later than Dec 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MONARAE WHIPPLE 2994 W 2400 N ARCO ID 83213				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SUMMIT OUTFITTER LLC MONARAE WHIPPLE 2994 W 2400 N ARCO ID 83213		3. <u>New</u> Registered Agent Signature.				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.							
Manager or Member Name Street or PO Address City State Country Postal Code							
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <i>Monarae Whipple 2994 W 2400 N Arco ID. Bull</i>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
Manager <input type="checkbox"/> Member <input type="checkbox"/>							
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 131656 </div>		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 60%;"> Signature: <i>Monarae Whipple</i> </td> <td style="width: 40%;"> Date: <i>10-23-2014</i> </td> </tr> <tr> <td> Name (type or print): <i>Monarae Whipple</i> </td> <td> Title: <i>Manager</i> </td> </tr> </table>		Signature: <i>Monarae Whipple</i>	Date: <i>10-23-2014</i>	Name (type or print): <i>Monarae Whipple</i>	Title: <i>Manager</i>
Signature: <i>Monarae Whipple</i>	Date: <i>10-23-2014</i>						
Name (type or print): <i>Monarae Whipple</i>	Title: <i>Manager</i>						
Issued 10/16/2014 by CLH		119263					