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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------------|---------|-------------------------|--|
| No. <b>W 104616</b>                                                                                                                                    |                | <b>Due no later than Jun 30, 2016</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>BROOK TROUT LODGE, LLC<br>WILLIAM FORSBERG<br>49 PROFESSIONAL PLAZA<br>REXBURG ID 83440 |         | WILLIAM FORSBERG<br>49 PROFESSIONAL PLAZA<br>REXBURG ID 83440 |         |                         |  |
|                                                                                                                                                        |                |                                                                                                                                                                                           |         | 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                                                                                                                                                 | TROY D. EVANS  | 49 PROFESSIONAL PLAZA                                                                                                                                                                     | REXBURG | ID                                                            | USA     | 83440                   |  |
| MEMBER                                                                                                                                                 | TYANNA EVANS   | 49 PROFESSIONAL PLAZA                                                                                                                                                                     | REXBURG | ID                                                            | USA     | 83440                   |  |
| MEMBER                                                                                                                                                 | JASON R. EVANS | 49 PROFESSIONAL PLAZA                                                                                                                                                                     | REXBURG | ID                                                            | USA     | 83440                   |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                                                                         |         |                                                               |         |                         |  |
| <b>ID<br/>W 104616</b>                                                                                                                                 |                | Signature: William Forsberg                                                                                                                                                               |         |                                                               |         | Date: 04/25/2016        |  |
|                                                                                                                                                        |                | Name (type or print): William Forsberg                                                                                                                                                    |         |                                                               |         | Title: Registered Agent |  |
| Processed 04/25/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                 |         |                                                               |         |                         |  |