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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 89629</b>                                                                                                                                     |                  | <b>Due no later than Jan 31, 2017</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>BOGDEN OUTDOOR EQUIPMENT LLC<br>MICHAEL S BOGDEN<br>PO BOX 160<br>MACK'S INN ID 83433-0160 |            | MICHAEL BOGDEN<br>4217 OLD HIGHWAY 191<br>MACK'S INN ID 83433-8343 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                         |            | 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      |  |
| MANAGER                                                                                                                                                | MICHAEL S BOGDEN | PO BOX 160                                                                                                                                              | MACK'S INN | ID                                                                 | USA     | 83433-0160       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                       |            |                                                                    |         |                  |  |
| <b>ID<br/>W 89629</b>                                                                                                                                  |                  | Signature: Michael Bogden                                                                                                                               |            |                                                                    |         | Date: 11/30/2016 |  |
|                                                                                                                                                        |                  | Name (type or print): Michael Bogden                                                                                                                    |            |                                                                    |         | Title: Manager   |  |
| Processed 11/30/2016                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                               |            |                                                                    |         |                  |  |