No. W 161763 Return to:			Due no later than Feb 28, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX) MATHEW CAIN 58 LOWER STANLEY STANLEY ID 83278-8327			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		SAWTOOT PO BOX 35	g Address: Correct in this box if needed. TH VALLEY OUTFITTERS LLC 57 ID 83278	STANLEY				
					3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compa	nies: Enter M	lames and Addr	esses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	MATHEW	CAIN	58 LOWER STANLEY	STANLEY	ID	USA	83278	
5. Organized Under the Laws of:		6. Annual Re	6. Annual Report must be signed.*					
ID		Signature	Signature: Mathew cain		Date: 01/14/2018			
W 161763		Name (typ	pe or print): Mathew cain		Title: manager			
Processed 01/14/2018 * Electronically provided signatures are accepted as original signatures.								