

|                                                                                                                                                        |                |                                                                                                                                                                        |               |                                                       |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|-------------------------------------------------------|---------|-------------|--|
| No. <b>C 125305</b>                                                                                                                                    |                | <b>Due no later than Aug 31, 2010</b>                                                                                                                                  |               | <b>2. Registered Agent and Address (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><br>LET'S GO FISHING MINISTRIES, INC.<br>JAMES E GRASSI<br>815 S MADISON RD<br>POST FALLS ID 83854<br>USA |               | JIM GRASSI<br>815 S MADISON RD<br>POST FALLS ID 83854 |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                        |               | 3. <u>New</u> Registered Agent Signature:*            |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |                                                                                                                                                                        |               |                                                       |         |             |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                                   | City          | State                                                 | Country | Postal Code |  |
| DIRECTOR                                                                                                                                               | GLENN JACKLIN  | WEST 5300 RIVERBEND AVE                                                                                                                                                | POST FALLS    | ID                                                    | USA     | 83854       |  |
| DIRECTOR                                                                                                                                               | JOE ELLITHORPE | 1707 S. PAINTED TRAIL RD.                                                                                                                                              | COEUR D'ALENE | ID                                                    | USA     | 83814       |  |
| 5. Organized Under the Laws of:<br><br><b>CA<br/>C 125305</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: Whitney Steiner<br>Name (type or print): Whitney Steiner                                                               |               |                                                       |         |             |  |
| Date: 06/15/2010<br>Title: Cfo                                                                                                                         |                |                                                                                                                                                                        |               |                                                       |         |             |  |
| Processed 06/15/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                              |               |                                                       |         |             |  |