

|  |                |  |               |   |                     |
|--|----------------|--|---------------|---|---------------------|
| No. <b>W 94043</b>   |                | <b>Due no later than Jun 30, 2011</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>PACK CAMP SUPPLY LLC<br>LEE D MAGNUS<br>3847 NICKLAUS DR<br>COEUR D ALENE ID 83815 |               | LEROY DEAN MAGNUS<br>3847 NICKLAUS DR<br>COEUR D ALENE ID 83815 |                     |
|  |                |  |               | 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  | LEROY D MAGNUS | 3847 NICKLAUS DRIVE  | COEUR D ALENE | ID  | USA 83815           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 94043</b>   |                | 6. Annual Report must be signed.*<br>Signature: Lee Magnus Date: 06/10/2011<br>Name (type or print): Lee Magnus Title: Manager   |               |   |                     |
| Processed 06/10/2011   |                | * Electronically provided signatures are accepted as original signatures.  |               |   |                     |