

|                                                                                                                                                        |                  |                                                                                                                                             |         |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---------------------------------------------------------------------------------------------------------------------------------------------|---------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 83215</b>                                                                                                                                     |                  | <b>Due no later than Apr 30, 2010</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><br>GONE FISHING, LLC<br>JAMES HULING<br>PO BOX 3594<br>OLDTOWN ID 83822       |         | JAMES HULING<br>596 HOO DOO LOOP<br>OLDTOWN ID 83822 |         |             |  |
|                                                                                                                                                        |                  |                                                                                                                                             |         | 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                                                                                                                                                 | CHRISTY A HULING | PO BOX 3594                                                                                                                                 | OLDTOWN | ID                                                   | USA     | 83822       |  |
| MEMBER                                                                                                                                                 | JAMES E HULING   | PO BOX 3594                                                                                                                                 | OLDTOWN | ID                                                   | USA     | 83822       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 83215</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Christy Huling<br>Name (type or print): Christy Huling<br>Date: 02/24/2010<br>Title: Member |         |                                                      |         |             |  |
| Processed 02/24/2010                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                   |         |                                                      |         |             |  |