


<b>No. W 139173</b>	<b>Due no later than Jun 30, 2017</b> <b>Annual Report Form</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> ANDERSON REGISTERED AGENTS, IN 800 W MAIN ST STE 1460 BOISE ID 83702 USA																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF                  RECEIVED BY DUE                  DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> GAGE RESOURCES, LLC SAWTOOTH RESOUR 3225 MCLEOD DR STE 100 LAS VEGAS NV 89121		<b>3. New Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 20%;">Manager or Member</th> <th style="text-align: left; width: 20%;">Name</th> <th style="text-align: left; width: 30%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td colspan="6">SawTooth Resources, LLC 3225 McLeod Drive #110, Las Vegas, NV US 89121</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	SawTooth Resources, LLC 3225 McLeod Drive #110, Las Vegas, NV US 89121						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">                         IDAHO                          W 139173                     </div>		<b>6.</b> Signatures:  <hr/> Name (type or print): Joshua Byrns																																				
		Date: 06/20/2017 <hr/> Title: Authorized Rep																																				
Issued 06/20/2017 by online																																						