No. <b>W 114926</b>		Due no later than Jun 30, 2015			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		WADE MAUHL 238 GLASCOCK RD WEISER ID 83672				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed.  OUTFITTERS PACK STATION LLC SIMONE MAUHL 238 GLASCOCK RD WEISER ID 83672 USA						
					WEISER ID 03072			
					3. New Registered Agent Signature:*			
4. Limited Liability Comp	panies: Enter Na	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER MEMBER	WADE A MAUHL SIMONE MAUHL		238 GLASCOCK ROAD 238 GLASCOCK ROAD		WEISER WEISER	ID ID	USA USA	83672 83672
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Simone Mauhl			Date: 04/23/2015			
W 114926		Name (type or print): Simone Mauhl			Title: Owner			
Processed 04/23/2015		* Electronically provid	ed signatures are accepted as origin	nal signa	itures.			