

|  |                 |   |               |   |         |             |  |
|--|-----------------|---|---------------|---|---------|-------------|--|
| No. <b>W 100546</b>  |                 | Due no later than Feb 28, 2014  |               | 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>TRIGGER HAPPY FIREARMS LLC<br>CLAYTON J BROWN<br>39 N SPRUCE ST<br>SAINT ANTHONY ID 83445 |               | CLAYTON J BROWN<br>39 N SPRUCE ST<br>SAINT ANTHONY ID 83445 |         |             |  |
|  |                 |   |               | 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  | CLAYTON J BROWN | 39 N SPRUCE ST  | SAINT ANTHONY | ID  | USA     | 83445       |  |
| MEMBER   | KELSEY A BROWN  | 39 N SPRUCE ST  | SAINT ANTHONY | ID  | USA     | 83445       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 100546</b>  |                 | 6. Annual Report must be signed.*<br>Signature: Clayton brown<br>Name (type or print): Clayton brown<br>Date: 01/01/2014<br>Title: Manager  |               |   |         |             |  |
| Processed 01/01/2014   |                 | * Electronically provided signatures are accepted as original signatures.   |               |   |         |             |  |