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|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|--------|------------------------------------------------------------|---------|------------------|--|
| No. <b>W 59019</b>                                                                                                                                     |                     | <b>Due no later than Feb 28, 2014</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>FINE FIREARMS, L.L.C.<br>MICHAEL DECHEVRIEUX<br>PO BOX 1182<br>HAILEY ID 83333 |        | MICHAEL DECHEVRIEUX<br>195 GREENHORN RD<br>HAILEY ID 83333 |         |                  |  |
|                                                                                                                                                        |                     |                                                                                                                                                 |        | 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                                                                                                                                                 | MICHAEL DECHEVRIEUX | PO BOX 1182                                                                                                                                     | HAILEY | ID                                                         | USA     | 83333            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                     | 6. Annual Report must be signed.*                                                                                                               |        |                                                            |         |                  |  |
| <b>ID<br/>W 59019</b>                                                                                                                                  |                     | Signature: Michael Dechevrieux                                                                                                                  |        |                                                            |         | Date: 01/07/2014 |  |
|                                                                                                                                                        |                     | Name (type or print): Michael Dechevrieux                                                                                                       |        |                                                            |         | Title: Member    |  |
| Processed 01/07/2014                                                                                                                                   |                     | * Electronically provided signatures are accepted as original signatures.                                                                       |        |                                                            |         |                  |  |