



No. W 112167	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		2. Registered Agent and Office (NOT A.P.O. BOX) <i>ok</i> NICKOLAS W FRANSSEN 6357 W LOFTY RIDGE ST RATHBURN ID 83858																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00			1. Mailing Address: Correct in this box if needed. HCTC FIREARMS, LLC. NICKOLAS W FRANSSEN 11610 N PINETREE RD HAYDEN ID 83835																																			
			3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>NICKOLAS FRANSSEN</td> <td>11610 N. PINETREE RD.</td> <td>HAYDEN</td> <td>ID</td> <td>KOOTENAI</td> <td>83835</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	NICKOLAS FRANSSEN	11610 N. PINETREE RD.	HAYDEN	ID	KOOTENAI	83835	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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5. Organized Under the Laws of: IDAHO W 112167		6. Signature:  Name (type or print): <u>NICKOLAS FRANSSEN</u> Date: <u>06-29-16</u> Title: <u>MANAGER</u>																																				
Issued 06/29/2016 by online																																						