

No. <b>W 79598</b>		<b>Due no later than Dec 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  F.I.R.E. (FIREARMS INDIVIDUAL RIGHTS EDUCATION), LLC ROBERT D LOVELAND 2795 ROMRELL LN AMMON ID 83406		PAULA LOVELAND 2795 ROMRELL LN AMMON ID 83406			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ROBERT DALE LOVELAND	Street or PO Address 2795 ROMRELL LN		City AMMON	State ID	Country USA	Postal Code 83406
5. Organized Under the Laws of:  <b>ID</b> <b>W 79598</b>		6. Annual Report must be signed.*  Signature: Robert Loveland Name (type or print): Robert Loveland  Date: 10/20/2010 Title: Manager					
Processed 10/20/2010 * Electronically provided signatures are accepted as original signatures.							