

|                                                                                                                                                        |                |                                                                                                                                            |       |                                                     |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|--------------------------------------------------------------------------------------------------------------------------------------------|-------|-----------------------------------------------------|---------|------------------|--|
| No. <b>W 57150</b>                                                                                                                                     |                | Due no later than Dec 31, 2016<br><b>Annual Report Form</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>GEM STATE GUNS LLC<br>KEN GIANGROSSI<br>1727 S LATAH ST<br>BOISE ID 83705 |       | KEN GIANGROSSI<br>1727 S LATAH ST<br>BOISE ID 83705 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                            |       | 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                                                                                                                                                 | KEN GIANGROSSI | 1727 S LATAH ST                                                                                                                            | BOISE | ID                                                  | USA     | 83705            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                          |       |                                                     |         |                  |  |
| <b>ID<br/>W 57150</b>                                                                                                                                  |                | Signature: Ken Giangrossi                                                                                                                  |       |                                                     |         | Date: 12/27/2016 |  |
|                                                                                                                                                        |                | Name (type or print): Ken Giangrossi                                                                                                       |       |                                                     |         | Title: Owner     |  |
| Processed 12/27/2016                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                  |       |                                                     |         |                  |  |