No. <b>W 143334</b>		Due no later than Oct 31, 2017		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.		687 CAMP NINE	JOHN O KLUPENGER 687 CAMP NINE RD BONNERS FERRY ID 83805  3. New Registered Agent Signature:*			
		SCOPED ARMS LLC JOHN O KLUPENGER 687 CAMP NINE RD BONNERS FERRY ID						
NO FILING FEE IF RECEIVED BY DUE DATE								
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 JOHN O KLUPE		JPENGER	687 CAMP NINE ROAD	BONNERS FERRY	' ID	USA	83805	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: John Klupenger			Date: 10/09/2017			
W 143334		Name (type or print): John Klupenger			Title: Owner			
Processed 10/09/2017 * Electronically provided signatures are accepted as original signatures.								