No. W 84339		Due no later than Jun 30, 2016 2. Registered Agent and Address (NO PO BOX)					PO BOX)
Return to:		Annual Report Form		KAYLA CUELLAR 679 CRESTVIEW DR TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. VALIANT FIREARMS & AMMUNITION LLC KAYLA R CUELLAR 679 CRESTVIEW DR. TWIN FALLS ID 83301					
4. Limited Liability Compan	ies: Enter Nar	nes and Addresse	es of at least one Member or Manager.	'			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER JUDITH THIE		TTEN	641 BALLINGRUDE DR.	TWIN FALLS	ID	USA	83301
MEMBER MICHAEL P			679 CRESTVIEW DR.	TWIN FALLS	ID	USA	83301
MEMBER VELMA CUEL		LAR	28105 RIVER RIDGE ROAD	WILDER	ID	USA	83676
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 84339		Signature: Ka	yla Cuellar	Date: 07/31/2016			
		Name (type o	r print): Kayla Cuellar	Title: C.O.O.			
Processed 07/31/2016	* Electronically provided signatures are accepted as original signatures.						