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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|-------------------------------------------------------------|---------------------|
| No. <b>W 92908</b>                                                                                                                                     |                    | <b>Due no later than Apr 30, 2013</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>PRO-PRECISION RIFLES LLC<br>PAUL B FAKENBRIDGE<br>2397 E GARBER DR<br>MERIDIAN ID 83646<br>USA |          | PAUL B FAKENBRIDGE<br>2397 E GARBER DR<br>MERIDIAN ID 83646 |                     |
|                                                                                                                                                        |                    |                                                                                                                                                                                                  |          | 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 |
| MANAGER                                                                                                                                                | PAUL B FAKENBRIDGE | 2397 E. GARBER DR.                                                                                                                                                                               | MERIDIAN | ID                                                          | USA 83646           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 92908</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: Paul Fakenbridge<br>Name (type or print): Paul Fakenbridge<br>Date: 03/01/2013<br>Title: Manager                                                 |          |                                                             |                     |
| Processed 03/01/2013                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                                        |          |                                                             |                     |