

No. W 70039	Reinstatement Annual Report Form ADMIN DISSOLVED 04/21/2015		2. Registered Agent and Office (NOT A P.O. BOX) WALTER A MCINTOSH 1522 ALDER AVE LEWISTON ID 83501 USA																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00				1. Mailing Address: Correct in this box if needed. FOS AMMUNITION LLC WALTER A MCINTOSH 1522 ALDER AVE LEWISTON ID 83501 USA	3. <u>New</u> Registered Agent Signature.																																	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☒ Member ☐</td> <td>Walter McIntosh</td> <td>1522 Alder Ave</td> <td>Lewiston</td> <td>Idaho</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>Manager ☒ Member ☐</td> <td>Don Wood</td> <td>2502 9th Ave</td> <td>Lewiston</td> <td>ID</td> <td>USA</td> <td>83501</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager ☒ Member ☐	Walter McIntosh	1522 Alder Ave	Lewiston	Idaho	USA	83501	Manager ☒ Member ☐	Don Wood	2502 9th Ave	Lewiston	ID	USA	83501	Manager ☐ Member ☐							Manager ☐ Member ☐					
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5. Organized Under the Laws of: IDAHO W 70039	6. Signature: <u>Walter McIntosh</u> Name (type or print): <u>Walter McIntosh</u> Date: <u>5-5-2015</u> Title: <u>CEO</u>																																					

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