No. <b>J 1814</b>		Due no later than Dec 31, 2011	2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JACOB WILCOX			
SECRETARY OF STATE	1. Mailin	g Address: Correct in this box if needed.		2001 JAIN RD			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JACOB WI	ROCKY MOUNTAIN RELOADING LLP JACOB WILCOX 2001 JAIN RD GENESEE ID 83832 USA		GENESEE ID 83832			
	GENESEE			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Partnerships: E	inter Names and Busi	iness Addresses of two (2) or more partners.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PARTNER JACOE	3 WILCOX	2001 JAIN RD	GENESEE	ID	USA	83832	
PARTNER KRIST	INA WILCOX	2001 JAIN RD	GENESEE	ID	USA	83832	
5. Organized Under the Laws of: 6. Annual		port must be signed.*					
ID Signature:		: Jacob Wilcox		Date: 11/07/2011			
J 1814	Name (typ	Name (type or print): Jacob Wilcox		Title: Partner			
Processed 11/07/2011	* Electronical	* Electronically provided signatures are accepted as original signatures.					