

|                                                                                                                                                        |              |                                                                                                                                                                         |      |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------|----------------------------------------------------|---------|-------------|--|
| No. <b>W 91100</b>                                                                                                                                     |              | <b>Due no later than Mar 31, 2015</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>ARNOLD'S AMMO LLC<br>JARED WILSON<br>1415 TOPANGA CT<br>KUNA ID 83634 |      | JARED WILSON<br>1415 TOPANGA CT<br>KUNA 83634      |         |             |  |
|                                                                                                                                                        |              |                                                                                                                                                                         |      | 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                                                                                                                                                | JARED WILSON | 1415 W TOPANGA                                                                                                                                                          | KUNA | ID                                                 | USA     | 83634       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 91100</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Jared Wilson<br>Name (type or print): Jared Wilson<br>Date: 01/25/2015<br>Title: Managing Member                        |      |                                                    |         |             |  |
| Processed 01/25/2015                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                               |      |                                                    |         |             |  |