

|                                                                                                                                                        |                       |                                                                                                                                                                                                         |            |                                                                        |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|------------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 84788</b>                                                                                                                                     |                       | <b>Due no later than Jun 30, 2011</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>TOP GUN LOGISTICS, LLC<br>MICHELLE CHRISTIANSON<br>427 FOREST VALE CIRCLE<br>TWIN FALLS ID 83301-4425 |            | MICHELLE CHRISTIANSON<br>427 FOREST VALE CIRCLE<br>TWIN FALLS ID 83301 |         |             |  |
|                                                                                                                                                        |                       |                                                                                                                                                                                                         |            | 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 |  |
| MEMBER                                                                                                                                                 | MICHELLE CHRISTIANSON | 427 FOREST VALE CIRCLE                                                                                                                                                                                  | TWIN FALLS | ID                                                                     | USA     | 83301-4425  |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 84788</b>                                                                                           |                       | 6. Annual Report must be signed.*<br>Signature: Michelle Christianson<br>Name (type or print): Michelle Christianson<br>Date: 07/19/2011<br>Title: Member                                               |            |                                                                        |         |             |  |
| Processed 07/19/2011                                                                                                                                   |                       | * Electronically provided signatures are accepted as original signatures.                                                                                                                               |            |                                                                        |         |             |  |