

No. W 84339	Due no later than Jun 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		KAYLA CUELLAR 679 CRESTVIEW DR TWIN FALLS ID 83301			
	VALIANT FIREARMS & AMMUNITION LLC KAYLA R CUELLAR 2545 ORCHARD DR EAST 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	JUDITH THIETTEN	641 BALLINGRUDE DR.	TWIN FALLS	ID	USA	83301
MEMBER	MICHAEL P CUELLAR	679 CRESTVIEW DR.	TWIN FALLS	ID	USA	83301
MEMBER	VELMA CUELLAR	28105 RIVER RIDGE ROAD	WILDER	ID	USA	83676
5. Organized Under the Laws of: ID W 84339	6. Annual Report must be signed.*					
		Signature: Kayla Cuellar	Date: 07/07/2014			
		Name (type or print): Kayla Cuellar	Title: Director of Operations			
Processed 07/07/2014		* Electronically provided signatures are accepted as original signatures.				