No. C 195512		Due no later than Jul 31, 2015 Annual Report Form		2. Registered A	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				10	JOHN CHAPMAN 148 BLUE LAKES BLVD N #396 TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
		1. Mailing Address: Correct in this box if needed. LMS DEFENSE INC JOHN CHAPMAN 148 BLUE LAKES BLVD N #396 TWIN FALLS ID 83301 USA		TWIN FALLS				
				3. <u>New</u> Register				
4. Corporations: Enter Na	ames and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Treasu	ırer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT			148 BLUE LAKES BLVD N #396	TWIN FALLS	ID	USA	83301	
SECRETARY TREASURER			148 BLUE LAKES BLVD N #396 148 BLUE LAKES BLVD N #396	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of: 6		6. Annual Report must be signed.*						
NV		Signature: JOHN CHAPMAN Date: 05/27/2015						
C 195512		Name (type or print): JOHN CHAPMAN			Title: PRESIDENT			
Processed 05/27/2015		* Electronically prov	vided signatures are accepted as original	signatures.				