

| No. <b>W 112020</b>   | <b>Reinstatement Annual Report Form</b><br><b>ADMIN DISSOLVED 06/17/2014</b>   |  | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>JERRY SHAFFER<br>11197 W SPRINGGOLD<br>BOISE ID 83709 |   |                          |  |                       |       |         |             |   |                 |                          |       |    |  |  |   |                      |                 |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|---|--------------------------|--|-----------------------|-------|---------|-------------|---|-----------------|--------------------------|-------|----|--|--|---|----------------------|-----------------|--|--|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE</b><br><b>DUE: \$30.00</b>   | 1. <b>Mailing Address: Correct in this box if needed.</b><br>10X TACTICAL OUTFITTERS USA LLC<br>JERRY E SHAFFER<br>11197 W SPRINGGOLD DR<br>BOISE ID 83709 |  | 3. <u>New</u> Registered Agent Signature.  |   |                          |  |                       |       |         |             |   |                 |                          |       |    |  |  |   |                      |                 |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<br><table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Jerry E Shaffer</td> <td>11197 W. Springgold Dr.,</td> <td>Boise</td> <td>ID</td> <td></td> <td></td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Stephanie M. Shaffer</td> <td>"Same as above"</td> <td></td> <td></td> <td></td> <td>83709</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |  |  |  | Manager or Member                         | Name                     | Street or PO Address                                 | City                  | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Jerry E Shaffer | 11197 W. Springgold Dr., | Boise | ID |  |  | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Stephanie M. Shaffer | "Same as above" |  |  |  | 83709 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member   | Name   | Street or PO Address   | City   | State                                     | Country                  | Postal Code  |                       |       |         |             |   |                 |                          |       |    |  |  |   |                      |                 |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>   | Jerry E Shaffer  | 11197 W. Springgold Dr.,   | Boise  | ID  |                          |  |                       |       |         |             |   |                 |                          |       |    |  |  |   |                      |                 |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>   | Stephanie M. Shaffer   | "Same as above"  |  |   |                          | 83709  |                       |       |         |             |   |                 |                          |       |    |  |  |   |                      |                 |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |  |  |   |                          |  |                       |       |         |             |   |                 |                          |       |    |  |  |   |                      |                 |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |  |  |   |                          |  |                       |       |         |             |   |                 |                          |       |    |  |  |   |                      |                 |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO</b><br><b>W 112020</b>  |  | 6. <table border="1"> <tr> <td>Signature:<br/><i>Stephanie M. Shaffer</i></td> <td>Date:<br/><i>12/02/14</i></td> </tr> <tr> <td>Name (type or print):<br/><i>Stephanie M. Shaffer</i></td> <td>Title:<br/><i>V.P.</i></td> </tr> </table> |  | Signature:<br><i>Stephanie M. Shaffer</i> | Date:<br><i>12/02/14</i> | Name (type or print):<br><i>Stephanie M. Shaffer</i> | Title:<br><i>V.P.</i> |       |         |             |   |                 |                          |       |    |  |  |   |                      |                 |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Signature:<br><i>Stephanie M. Shaffer</i>   | Date:<br><i>12/02/14</i>   |  |  |   |                          |  |                       |       |         |             |   |                 |                          |       |    |  |  |   |                      |                 |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Name (type or print):<br><i>Stephanie M. Shaffer</i>  | Title:<br><i>V.P.</i>  |  |  |   |                          |  |                       |       |         |             |   |                 |                          |       |    |  |  |   |                      |                 |  |  |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |