

|                                                                                                                                                        |                  |                                                                                                                                                                                        |            |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 37023</b>                                                                                                                                     |                  | <b>Due no later than Feb 28, 2014</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>OUTLET FIREWORKS, LLC<br>BRUCE J WEAVER<br>1619 BROOKFIELD CT<br>TWIN FALLS ID 83301 |            | BRUCE WEAVER<br>1619 BROOKFIELD CT<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                                                                                                                                                 | BRUCE WEAVER     | 1619 BROOKFIELD CT                                                                                                                                                                     | TWIN FALLS | ID                                                        | USA     | 83301       |  |
| MEMBER                                                                                                                                                 | DAVID B WEAVER   | 3054 N 3422 E                                                                                                                                                                          | KIMBERLY   | ID                                                        | USA     | 83341       |  |
| MEMBER                                                                                                                                                 | PHYLLIS M WEAVER | 1619 BROOKFIELD CT                                                                                                                                                                     | TWIN FALLS | ID                                                        | USA     | 83301       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 37023</b>                                                                                           |                  | 6. Annual Report must be signed.*<br>Signature: Bruce Weaver<br>Name (type or print): Bruce Weaver<br>Date: 12/17/2013<br>Title: Member                                                |            |                                                           |         |             |  |
| Processed 12/17/2013                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                              |            |                                                           |         |             |  |