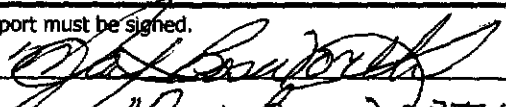


No. C 156106		Due no later than 8/31/2009		2. Registered Agent and Address (NO PO BOX)													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MAX'S GUNS, INC. 510 MATCHPOINT IDAHO FALLS ID 83406		MAX BOSWORTH 510 MATCHPOINT IDAHO FALLS ID 83406													
				3. New Registered Agent Signature:													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																	
<table border="1"><thead><tr><th>Office Held</th><th>Name</th><th>Street or PO Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>Pres.</td><td>MAX BOSWORTH</td><td>257 N. 86,</td><td>IDAHO FALLS</td><td>ID</td><td>83402</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Zip	Pres.	MAX BOSWORTH	257 N. 86,	IDAHO FALLS	ID	83402
Office Held	Name	Street or PO Address	City	State	Zip												
Pres.	MAX BOSWORTH	257 N. 86,	IDAHO FALLS	ID	83402												
5. Organized Under the Laws of: ID C 156106		6. Annual Report must be signed.															
		Signature: 		Date: 10/16/09													
		Name(type or print): MAX BOSWORTH		Title: Pres.													

Issued 9/11/2009 by NLB

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM