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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|--------------------------------------------------------------|---------|-------------|--|----------------------------------------------------|--|
| No. <b>W 116565</b>                                                                                                                                    |                    | <b>Due no later than Aug 31, 2017</b>                                                                                                                        |        | <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b><br>NORTHWEST RIFLEWORKS LLC<br>DAVID M WILLIAMSON<br>1339 W BIZTOWN LOOP<br>HAYDEN ID 83835<br>USA |        | DAVID M WILLIAMSON<br>1339 N BIZTOWN LOOP<br>HAYDEN ID 83835 |         |             |  |                                                    |  |
|                                                                                                                                                        |                    |                                                                                                                                                              |        | 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 |  |                                                    |  |
| MANAGER                                                                                                                                                | DAVID M WILLIAMSON | 11063 N CATTTTLE DR                                                                                                                                          | HAYDEN | ID                                                           | USA     | 83835       |  |                                                    |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 116565</b>                                                                                          |                    | 6. Annual Report must be signed.*<br>Signature: David Williamson<br>Name (type or print): David Williamson                                                   |        |                                                              |         |             |  |                                                    |  |
|                                                                                                                                                        |                    | Date: 06/22/2017<br>Title: Owner                                                                                                                             |        |                                                              |         |             |  |                                                    |  |
| Processed 06/22/2017                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                    |        |                                                              |         |             |  |                                                    |  |