

Page _____ of _____

To: CUSTOMER SERVICE - SNC REP

Requestor Name _____ Date of Request: _____
Requestor Phone # _____ Requestor Tracking # _____

Only to be completed by Customer Service

Date Received: _____

Date Processed:

Rem Order #:

Customer Service Notations:

Approver Name: TREO Supry Date of Approval: 2/9/2008
Approver Phone No. : 315-895-3606

Ship To: OUT DOOR RETAIL, INC
1065 MAIN ST
WHEELING, WV 26003-0000

Mark For: STEPHEN L. VOGWIN

Requested Delivery Date: ASAP

Special Instructions (processing, shipping, notification, etc.)

NOTIFY FRED SUPPLY WITH THE ORDER #.
CUSTOM SHOP TO BUILD RIFLE TO SETTLE
PRE-LITIGATION CLAIM.

Shipping Approval (if required)

FFL COPY ATTACHED

FFL# 4-55-069-02-6E-35730

FFL Exp. Date: MAY 2 2006

[illegible]

| | |
|--------------------|-----------|
| Grand Total | \$ |
|--------------------|-----------|

Must Be Completed for Processing to Occur

| Reasons for SNC - Taxable | Check One |
|----------------------------|--------------------------|
| Advertising/Promotion | <input type="checkbox"/> |
| Bartering | <input type="checkbox"/> |
| Employee Awards | <input type="checkbox"/> |
| Field/Pro Staff | <input type="checkbox"/> |
| Gifts to Non-exempt Groups | <input type="checkbox"/> |
| Outdoor Writer | <input type="checkbox"/> |
| Product Demonstration | <input type="checkbox"/> |
| Sample Allowance for Reps | <input type="checkbox"/> |
| Tournament/School | <input type="checkbox"/> |
| Shooting School | <input type="checkbox"/> |
| Sweepstakes/Contest Winner | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

| Reasons for SNC-Non Taxable* | Check One |
|---|--------------------------|
| Country/Employee Store-for resale | <input type="checkbox"/> |
| Donation to IRC 501(c) (3) Organization | <input type="checkbox"/> |
| Export | <input type="checkbox"/> |
| Free Goods Based on Customer Purchases | <input type="checkbox"/> |
| Free Goods for Local Advertising | <input type="checkbox"/> |
| Testing by Remington or Other Manufacturers | <input type="checkbox"/> |
| Replacement of Defective Product | <input type="checkbox"/> |
| State/Local Government | <input type="checkbox"/> |

*Note: For nontaxable sales - input "0" for tax rate on Line Z906.

| Charge Code(Please provide) | | |
|-----------------------------|-------------|------------|
| Department | Cost Center | Account No |
| | | |
| | | |

Pre-litigation Settlement. 8850050-230145

• 10/16/97

PS06423