

U.S. Department of Justice  
Bureau of Alcohol, Tobacco, Firearms and Explosives

**Federal Firearms License**  
(18 U.S.C. Chapter 44)

XXXXXXXXXXXX XXXX XXXX XXXX XXXX

In accordance with the provisions of Title I, Gun Control Act of 1968, and the regulations issued thereunder (27 CFR Part 478), you are licensed to engage in the business specified in this license, within the limitations of Chapter 44, Title 18, United States Code, and the regulations issued thereunder, until the expiration date shown. **THIS LICENSE IS NOT TRANSFERABLE UNDER 27 CFR 478.51.** See "WARNINGS" and "NOTICES" on reverse.

Direct ATF Correspondence To ATF - Chief, FFLC FFLC@atf.gov 1-866-662-2750	License Number <b>1-54-059-01-4L-24606</b>
Chief, Federal Firearms Licensing Center (FFLC) <i>Tracy Robertson</i>	Expiration Date <b>November 1, 2024</b>
Name OUTDOOR ARMS, LLC	

Premises Address (Changes? Notify the FFLC at least 30 days before the move.)

9445 LAPSTRAKE LANE  
BURKE, VA 22015-

**FILE COPY**

Type of License

01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES

Purchasing Certification Statement

The licensee named above shall use a copy of this license to assist a transferor of firearms to verify the identity and the licensed status of the licensee as provided by 27 CFR Part 478. The signature on each copy must be an original signature. A faxed, scanned or e-mailed copy of the license with a signature intended to be an original signature is acceptable. The signature must be that of the Federal Firearms Licensee (FFL) or a responsible person of the FFL. I certify that this is a true copy of a license issued to the licensee named above to engage in the business specified above under "Type of License."

Mailing Address (Changes? Notify the FFLC of any changes.)

OUTDOOR ARMS, LLC  
9445 LAPSTRAKE LANE  
BURKE, VA 22015-

<i>Ryan Wilson</i> _____ Licensee/Responsible Person Signature	<i>Owner</i> _____ Position Title
Ryan Wilson _____ Printed Name	10/20/2021 _____ Date

Previous Edition is Obsolete 202208 0001:0400 LAPS/FIRE LIC:2022:01-01-01:4L-24606-November 1, 2024 01-DEALER IN FIREARMS OTHER THAN DESTRUCTIVE DEVICES

ATF Form 8 (5/3/01)  
Revised October 2011

U.S. Department of Justice  
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**2022 Special Tax Stamp**

OMB No. 1140-0090 (05/31/2017)

Name and Principal Business Address  OUTDOOR ARMS, LLC 9445 LAPSTRAKE LN BURKE, VA 22015	Tax Statement (Annual Tax Rate) Initial Tax . . . \$ 500.00	<b>TAX 2022 YEAR</b>
	Additions . . . . \$ .00  Total Tax PAID \$ 500.00	
Actual Physical Business Address (See Number 2 below) OUTDOOR ARMS, LLC OUTDOOR ARMS, LLC 9445 LAPSTRAKE LN BURKE, VA 22015 0001	Type of Operation Conducted (63) NFA FIREARMS DEALER	
	Number of Locations  1 OF 1	
This is a receipt of payment of Special (Occupational) Tax (SOT) under the National Firearms Act. (27 CFR 479.36)		
If You Have Any Questions, Refer To The Information Below		
Date of This Receipt <b>APRIL 26, 2021</b>	Dates of Special Tax Period 07/01/2021 TO 06/30/2022	
Employer Identification Number <b>83-1159654</b>	Control Number <b>2021113-N02-012</b>	

If you have any questions, you may contact the Bureau of Alcohol, Tobacco, Firearms and Explosives as follows:

CALL: (304) 616-4500      OR      WRITE: National Firearms Act Division, Bureau of ATF  
FAX: (304) 616-4501                244 Needy Road  
Suite 1120