



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>5-75-451-07-4M-14580</b>
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Chief, Federal Firearms Licensing Center (FFLC) <i>Tracy Robertson</i>	Expiration Date	<b>December 1, 2024</b>
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Name G SQUARED GUNS LLC
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Premises Address (Changes? Notify the FFLC at least 30 days before the move.) <b>3126 PRONGHORN PATH SAN ANGELO, TX 76901-</b>
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Type of License <b>07-MANUFACTURER OF FIREARMS OTHER THAN DESTRUCTIVE DEVICES</b>
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<b>Purchasing Certification Statement</b> 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. <u>The signature on each copy must be an original signature.</u> 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."	<b>Mailing Address (Changes? Notify the FFLC of any changes.)</b>  G SQUARED GUNS LLC 3126 PRONGHORN PATH SAN ANGELO, TX 76901-
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<i>John Goodman</i> _____ Licensee/Responsible Person Signature  John Goodman _____ Printed Name
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<i>Owner</i> _____ Position/Title  12-9-2021 _____ Date
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