

# Tax Clearance Letter Request for Reinstatement

In order to reinstate an entity, the Texas Secretary of State requires evidence that the entity has met all franchise tax requirements. To provide this evidence, the Comptroller's office issues a Tax Clearance Letter, Form 05-377. This letter must be included as part of the reinstatement filing with the Secretary of State.

Information about other filing requirements with the Secretary of State is online at [www.sos.state.tx.us](http://www.sos.state.tx.us).

## Obtaining a Tax Clearance Letter

All required Franchise Tax Reports and signed Information Reports through the reinstatement date must be filed. All franchise tax, penalty and interest must be paid.

- If all required reports and payments are already on file, you may request a tax clearance letter using Webfile, or you may complete and return this request.

OR

- If all required reports and payments are not on file, you may send any missing reports and payments along with this request.

☒ Check this box to verify that the entity's annualized total revenue was at or below the no tax due threshold for any annual reports due on or after Jan. 1, 2024, for which the entity only filed a Public Information Report or an Ownership Information Report.

|                                                                           |                                                                 |
|---------------------------------------------------------------------------|-----------------------------------------------------------------|
| Taxpayer name<br><i>LONG STAR DRAGON CHAPTER, CHEMICAL CORPS REGIMENT</i> | 11-digit Texas taxpayer number<br><i>13,2,0,6,6,8,8,9,1,3,3</i> |
|---------------------------------------------------------------------------|-----------------------------------------------------------------|

Select how the Tax Clearance Letter should be sent. Please note that we process requests in the order received, regardless of the format you select.

Please select only one:

☐ Mail Recipient: \_\_\_\_\_  
Street: \_\_\_\_\_  
City, State and ZIP code: \_\_\_\_\_

☒ PDF Email address: *Kevin.O.Kruise@gmail.com*

☐ FAX FAX number (Area code and number): \_\_\_\_\_

|                                                                                                                                                                                                                                                                                                              |                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| Your name (Please type or print)<br><i>Kevin O. Kruise SR.</i>                                                                                                                                                                                                                                               | Phone number and extension<br><i>254-319-6720</i>                                   |
| Authorized agent<br><i>Kevin O. Kruise SR.</i>                                                                                                                                                                                                                                                               |                                                                                     |
| Visit us online at <a href="http://www.comptroller.texas.gov/taxes/franchise">www.comptroller.texas.gov/taxes/franchise</a> .<br>Visit <a href="http://www.comptroller.texas.gov/about/contact">www.comptroller.texas.gov/about/contact</a> for locations and phone numbers.                                 | Mail to: Comptroller of Public Accounts<br>P.O. Box 149348<br>Austin, TX 78714-9348 |
| Under Ch. 559, Government Code, you are entitled to review, request and correct information we have on file about you, with limited exceptions in accordance with Ch. 552, Government Code. To request information for review or to request error correction, contact us at the address listed on this form. |                                                                                     |



## Texas Franchise Tax No Tax Due Report

**The law requires No Tax Due Reports originally due on or after Jan. 1, 2016 to be filed electronically. Filing this paper report means you are requesting, and we are granting, a waiver from the electronic reporting requirement for this report year ONLY.**

Due date

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |            |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|
| 3 | 2 | 0 | 6 | 6 | 8 | 8 | 9 | 1 | 3 | 3 | 2 | 0 | 1 | 9 | 05/15/2019 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|

|                                                                                                                                                                                                                             |                    |                                                                                   |                                                                                                                  |  |  |  |  |  |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|
| Taxpayer name<br><b>LONG STAR DRAGON CHAPTER, CHEMICAL CORPS REGIMENT</b>                                                                                                                                                   |                    | Secretary of State file number<br>or Comptroller file number<br><b>0802992349</b> |                                                                                                                  |  |  |  |  |  |  |
| Mailing address<br><b>P.O. BOX 12078</b>                                                                                                                                                                                    |                    |                                                                                   |                                                                                                                  |  |  |  |  |  |  |
| City<br><b>Killeen</b>                                                                                                                                                                                                      | State<br><b>TX</b> | Country<br><b>USA</b>                                                             | ZIP code plus 4<br><b>76547</b>                                                                                  |  |  |  |  |  |  |
| Blacken circle if the address has changed <input type="checkbox"/> <input checked="" type="radio"/>                                                                                                                         |                    |                                                                                   | Blacken circle if the address has changed <input type="checkbox"/> <input checked="" type="radio"/>              |  |  |  |  |  |  |
| Blacken circle if this is a combined report <input type="checkbox"/> <input checked="" type="radio"/>                                                                                                                       |                    |                                                                                   | NAICS code<br><table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |  |  |  |  |  |  |
|                                                                                                                                                                                                                             |                    |                                                                                   |                                                                                                                  |  |  |  |  |  |  |
| Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions. (Note: Upper tiered partnerships do not qualify to use this form.) <input type="checkbox"/> <input checked="" type="radio"/> |                    |                                                                                   |                                                                                                                  |  |  |  |  |  |  |
| Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution?                                                                                            |                    |                                                                                   | <input type="radio"/> Yes <input checked="" type="radio"/> No                                                    |  |  |  |  |  |  |

**1. This entity is a passive entity as defined in Texas Tax Code Sec. 171.0003. (See instructions.)**  
(Passive income does NOT include rent.)

1. ☐ O

**2. This entity's annualized total revenue is below the no tax due threshold.**

2.  

**3. This entity has zero Texas Gross Receipts.**

3. ☐

**4. This entity is a Real Estate Investment Trust (REIT) that meets the qualifications specified in Texas Tax Code Sec. 171.0002(c)(4).**

4. 圖 ○

**5. This entity is a new veteran-owned business as defined in Texas Tax Code Sec. 171.0005. (See instructions.)**  
(Must have formed after Jan. 1, 2016, and must be pre-qualified.)

5. ☐ C

**6a. Accounting year**

**6a.**

|  | m           | m | d           | d | y | y |
|--|-------------|---|-------------|---|---|---|
|  | $\emptyset$ | / | $\emptyset$ | / | / | 8 |

**6b. Accounting year****end date**

6b. 

|          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|
| <i>m</i> | <i>m</i> | <i>d</i> | <i>d</i> | <i>y</i> | <i>y</i> |
| 1        | 2        | 3        | 1        | 1        | 8        |

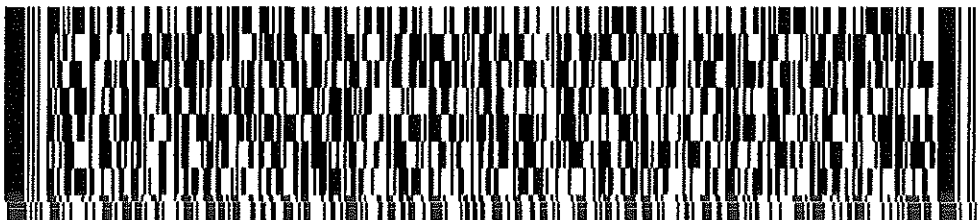
**7. TOTAL REVENUE** (Whole dollars only)[illegible]

|                                                                                                                                 |                              |                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------|
| Print or type name<br><i>Kevin O'Neil Kruse SR.</i>                                                                             |                              | Area code and phone number<br><i>(254) 319-6720</i>                                                          |
| I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief. |                              | <b>Mail original to:</b><br>Texas Comptroller of Public Accounts<br>P.O. Box 149348<br>Austin, TX 78714-9348 |
| sign here<br><i>Kevin O. Kruse SR.</i>                                                                                          | Date<br><i>July 27, 2026</i> |                                                                                                              |

Instructions for each report year are online at [www.comptroller.texas.gov/taxes/franchise/forms/](http://www.comptroller.texas.gov/taxes/franchise/forms/). If you have any questions, call 1-800-252-1381.

**Texas Comptroller Official Use Only**

|         |   |  |  |  |  |  |
|---------|---|--|--|--|--|--|
| VE/DE   | ○ |  |  |  |  |  |
| PM Date |   |  |  |  |  |  |





05-102  
(Rev. 9-15/33)

# Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

3 2 0 6 6 8 8 9 1 3 3

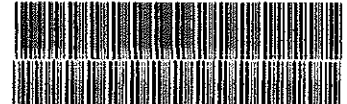
2 0 1 9

|                                                                 |                    |                                                                                      |  |
|-----------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------|--|
| Taxpayer name<br><b>LONE STAR DRAGON CHAPTER, CHEMICAL CORP</b> |                    | Blacken circle if the mailing address has changed.                                   |  |
| Mailing address<br><b>P.O. BOX 12078</b>                        |                    | Secretary of State (SOS) file number or Comptroller file number<br><b>0802992349</b> |  |
| City<br><b>Killeen</b>                                          | State<br><b>TX</b> | ZIP code plus 4<br><b>76547</b>                                                      |  |

○ Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

|                                                                                    |
|------------------------------------------------------------------------------------|
| Principal office<br><b>TREASURER/DIRECTOR AT LARGE</b>                             |
| Principal place of business<br><b>1111 RHONDA LEE STR, COPPERAS COVE, TX 76522</b> |

You must report officer, director, member, general partner and manager information as of the date you complete this report.



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**Please sign below! This report must be signed to satisfy franchise tax requirements.**

## SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

|                                               |                                |                                                  |                                                   |
|-----------------------------------------------|--------------------------------|--------------------------------------------------|---------------------------------------------------|
| Name<br><b>CONRAD STRIEGL</b>                 | Title<br><b>PRESIDENT</b>      | Director<br><input type="radio"/> YES            | Term expiration<br>m m d d y y<br><b>04 01 28</b> |
| Mailing address<br><b>9838 STATE HWY 46</b>   | City<br><b>PIPE CREEK</b>      | State<br><b>TX</b>                               | ZIP Code<br><b>78063</b>                          |
| Name<br><b>CHRISTOPHER WILLIAMS</b>           | Title<br><b>VICE PRESIDENT</b> | Director<br><input type="radio"/> YES            | Term expiration<br>m m d d y y<br><b>04 01 28</b> |
| Mailing address<br><b>6105 LANA COURT</b>     | City<br><b>KILLEEN</b>         | State<br><b>TX</b>                               | ZIP Code<br><b>76542</b>                          |
| Name<br><b>JEFFREY HARRIS</b>                 | Title<br><b>MANAGER, OPNS</b>  | Director<br><input checked="" type="radio"/> YES | Term expiration<br>m m d d y y<br><b>04 01 28</b> |
| Mailing address<br><b>1102 WINDY HILL RD.</b> | City<br><b>HARKER HEIGHTS</b>  | State<br><b>TX</b>                               | ZIP Code<br><b>76548</b>                          |

## SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

|                                                                              |                    |                               |                         |
|------------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |

## SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

|                                                                          |                    |                               |                         |
|--------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
|--------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|

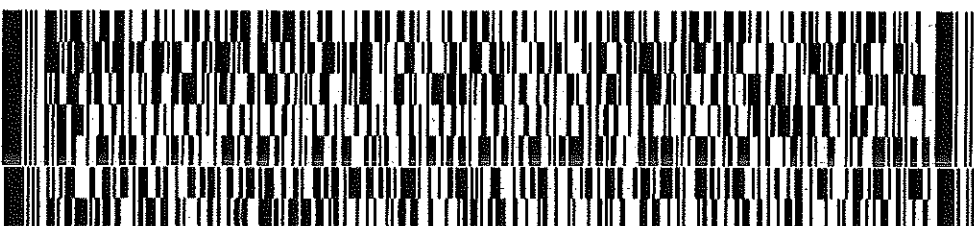
|                                                                                                         |      |                                                                                                                                  |          |
|---------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------|----------|
| Registered agent and registered office currently on file (see instructions if you need to make changes) |      | You must make a filing with the Secretary of State to change registered agent, registered office or general partner information. |          |
| Agent:                                                                                                  | City | State                                                                                                                            | ZIP Code |
| Office:                                                                                                 |      |                                                                                                                                  |          |

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

|                                     |                                |                              |                                                     |
|-------------------------------------|--------------------------------|------------------------------|-----------------------------------------------------|
| Sign here<br><b>Ken O. King SR.</b> | Title<br><b>TREASURER/DIR.</b> | Date<br><b>JULY 27, 2026</b> | Area code and phone number<br><b>(254) 319-6720</b> |
|-------------------------------------|--------------------------------|------------------------------|-----------------------------------------------------|

**Texas Comptroller Official Use Only**



|       |                       |         |                       |
|-------|-----------------------|---------|-----------------------|
| VE/DE | <input type="radio"/> | PIR IND | <input type="radio"/> |
|-------|-----------------------|---------|-----------------------|



## Texas Franchise Tax No Tax Due Report

■ **Tcode** 13255 Annual Franchise

**The law requires No Tax Due Reports originally due on or after Jan.1, 2016 to be filed electronically. Filing this paper report means you are requesting, and we are granting, a waiver from the electronic reporting requirement for this report year ONLY.**

**■ Taxpayer number**

Report year

Due date

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |            |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|
| 3 | 2 | 0 | 6 | 6 | 8 | 8 | 9 | 1 | 3 | 3 | 2 | 0 | 2 | 0 | 07/15/2020 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|

|                                                                                                                                                                                            |                    |                       |                                 |                                                                                                             |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-----------------------|---------------------------------|-------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Taxpayer name<br><b>LONG STAR DAAGON CHAPTER, CHEMICAL CORPS REGIMENT</b>                                                                                                                  |                    |                       |                                 | Secretary of State file number<br>or Comptroller file number<br><b>0802992349</b>                           |  |  |  |  |  |  |  |
| Mailing address<br><b>P.O. BOX 12078</b>                                                                                                                                                   |                    |                       |                                 |                                                                                                             |  |  |  |  |  |  |  |
| City<br><b>Killeen</b>                                                                                                                                                                     | State<br><b>TX</b> | Country<br><b>USA</b> | ZIP code plus 4<br><b>76547</b> | Blacken circle if the address has changed <input type="checkbox"/>                                          |  |  |  |  |  |  |  |
| Blacken circle if this is a combined report <input type="checkbox"/>                                                                                                                       |                    |                       |                                 | NAICS code<br><table border="1"> <tr> <td></td><td></td><td></td><td></td><td></td><td></td> </tr> </table> |  |  |  |  |  |  |  |
|                                                                                                                                                                                            |                    |                       |                                 |                                                                                                             |  |  |  |  |  |  |  |
| Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions. (Note: Upper tiered partnerships do not qualify to use this form.) <input type="checkbox"/> |                    |                       |                                 |                                                                                                             |  |  |  |  |  |  |  |
| Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution?                                                           |                    |                       |                                 | <input type="radio"/> Yes <input checked="" type="radio"/> No                                               |  |  |  |  |  |  |  |

**If any of the statements below are true, you qualify to file this No Tax Due Report (Blacken all circles that apply.):**

1. **This entity is a passive entity as defined in Texas Tax Code Sec. 171.0003.** *(See instructions.)*  
(Passive income does NOT include rent.) 1. ☐ ☐
  2. **This entity's annualized total revenue is below the no tax due threshold.** 2. ☐ ☒
  3. **This entity has zero Texas Gross Receipts.** 3. ☐ ☐
  4. **This entity is a Real Estate Investment Trust (REIT) that meets the qualifications specified in Texas Tax Code Sec. 171.0002(c)(4).** 4. ☐ ☐
  5. **This entity is a new veteran-owned business as defined in Texas Tax Code Sec. 171.0005.** *(See instructions.)*  
(Must have formed after Jan. 1, 2016, and must be pre-qualified.) 5. ☐ ☐

**6a. Accounting year**

6a. 

|  |             |          |             |          |          |          |
|--|-------------|----------|-------------|----------|----------|----------|
|  | <i>m</i>    | <i>m</i> | <i>d</i>    | <i>d</i> | <i>y</i> | <i>y</i> |
|  | $\emptyset$ | $1$      | $\emptyset$ | $1$      | $1$      | $9$      |

**6b. Accounting year**

6b. 

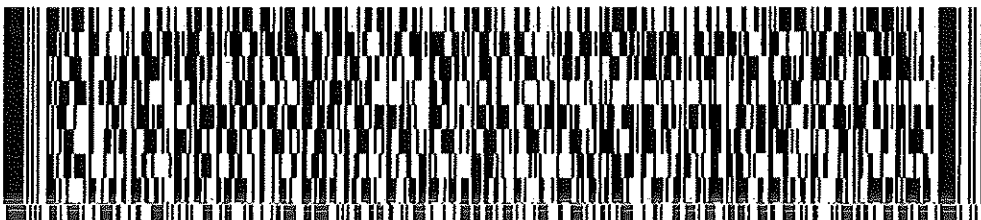
|   |   |   |   |   |   |
|---|---|---|---|---|---|
| m | m | d | d | y | y |
| 1 | 2 | 3 | 1 | 1 | 9 |

**7. TOTAL REVENUE** (Whole dollars only)

|    |  |  |  |  |  |  |  |  |   |   |   |   |   |   |   |
|----|--|--|--|--|--|--|--|--|---|---|---|---|---|---|---|
| 7. |  |  |  |  |  |  |  |  | 2 | 3 | 0 | 0 | . | 0 | 0 |
|----|--|--|--|--|--|--|--|--|---|---|---|---|---|---|---|

|                                                                                                                                 |                              |                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------|
| Print or type name<br><i>Kevin O'Neil Kruse SR.</i>                                                                             |                              | Area code and phone number<br><i>(254) 319 - 6720</i>                                                        |
| I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief. |                              | <b>Mail original to:</b><br>Texas Comptroller of Public Accounts<br>P.O. Box 149348<br>Austin, TX 78714-9348 |
| sign here<br><i>Kevin O. Kruse SR.</i>                                                                                          | Date<br><i>July 27, 2026</i> |                                                                                                              |

Instructions for each report year are online at [www.comptroller.texas.gov/taxes/franchise/forms/](http://www.comptroller.texas.gov/taxes/franchise/forms/). If you have any questions, call 1-800-252-1381.

**Texas Comptroller Official Use Only**

|         |   |  |  |  |  |  |
|---------|---|--|--|--|--|--|
| VE/DE   | ○ |  |  |  |  |  |
| PM Date |   |  |  |  |  |  |





05-102  
(Rev. 9-15/33)

# Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),  
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

You have certain rights under Chapter 552 and 559,  
Government Code, to review, request and correct information  
we have on file about you. Contact us at 1-800-252-1381.

3 2 0 6 6 8 8 9 1 3 3

2 0 2 0

Taxpayer name **LONE STAR DRAGON CHAPTER CHEMICAL CORPS**

Mailing address **P.O. BOX 12078**

City **Killeen**

State **TX**

ZIP code plus 4 **76547**

Blacken circle if the mailing address has changed.

Secretary of State (SOS) file number or  
Comptroller file number

**0802992349**

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

Principal office

Principal place of business

You must report officer, director, member, general partner and manager information as of the date you complete this report.



1000000000000

**Please sign below!** This report must be signed to satisfy franchise tax requirements.

## SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

|                                               |                                |                                                  |                                       |
|-----------------------------------------------|--------------------------------|--------------------------------------------------|---------------------------------------|
| Name<br><b>CONRAD STRIEGL</b>                 | Title<br><b>President</b>      | Director<br><input type="radio"/> YES            | Term<br>expiration<br><b>04/01/28</b> |
| Mailing address<br><b>9838 STATE HWY 46</b>   | City<br><b>PIPE CREEK</b>      | State<br><b>TX</b>                               | ZIP Code<br><b>78063</b>              |
| Name<br><b>CHRISTOPHER WILLIAMS</b>           | Title<br><b>Vice President</b> | Director<br><input type="radio"/> YES            | Term<br>expiration<br><b>04/01/28</b> |
| Mailing address<br><b>6105 LANA COURT</b>     | City<br><b>KILLEEN</b>         | State<br><b>TX</b>                               | ZIP Code<br><b>76542</b>              |
| Name<br><b>JEFFREY HARRIS</b>                 | Title<br><b>MANAGER OPWS</b>   | Director<br><input checked="" type="radio"/> YES | Term<br>expiration<br><b>04/01/28</b> |
| Mailing address<br><b>1102 WINDY HILL RD.</b> | City<br><b>HARKER HEIGHTS</b>  | State<br><b>TX</b>                               | ZIP Code<br><b>76548</b>              |

## SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

|                                                                              |                    |                               |                         |
|------------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |

## SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

|                                                                          |                    |                               |                         |
|--------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
|--------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|

Registered agent and registered office currently on file (see instructions if you need to make changes)

Agent:

You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

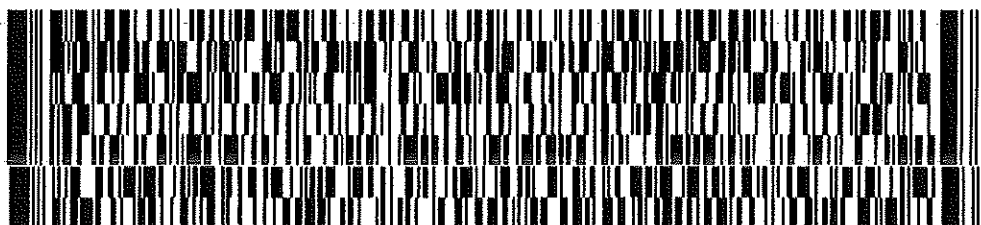
|         |      |       |          |
|---------|------|-------|----------|
| Office: | City | State | ZIP Code |
|---------|------|-------|----------|

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

|                                      |                               |                              |                                                     |
|--------------------------------------|-------------------------------|------------------------------|-----------------------------------------------------|
| Signature<br><b>Ken O. Jurek SR.</b> | Title<br><b>TREASURER/DIR</b> | Date<br><b>JULY 27, 2026</b> | Area code and phone number<br><b>(254) 319-6720</b> |
|--------------------------------------|-------------------------------|------------------------------|-----------------------------------------------------|

Texas Comptroller Official Use Only



|       |                       |         |                       |
|-------|-----------------------|---------|-----------------------|
| VE/DE | <input type="radio"/> | PIR IND | <input type="radio"/> |
|-------|-----------------------|---------|-----------------------|





# Texas Franchise Tax No Tax Due Report

■ Taxpayer number

■ Report year

Due date

**The law requires No Tax Due Reports originally due on or after Jan. 1, 2016 to be filed electronically. Filing this paper report means you are requesting, and we are granting, a waiver from the electronic reporting requirement for this report year ONLY.**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |            |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|
| 3 | 2 | 0 | 6 | 6 | 8 | 8 | 9 | 1 | 3 | 3 | 2 | 0 | 2 | 1 | 06/15/2021 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|

Taxpayer name 101st STAR DRAGON CHAPTER CHEMICAL CORPS REGIMENT

Mailing address: P.O. Box 12678

|      |         |       |    |         |     |                 |       |
|------|---------|-------|----|---------|-----|-----------------|-------|
| City | Killeen | State | TX | Country | USA | ZIP code plus 4 | 76547 |
|------|---------|-------|----|---------|-----|-----------------|-------|

Secretary of State file number  
or Comptroller file number

0802992349

Blacken circle if the address has changed ☒ ☐

Blacken circle if this is a combined report ☒ ☐

NAICS code

Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions. (Note: Upper tiered partnerships do not qualify to use this form.) ☐

Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution? ☐ Yes ☒ No

**If any of the statements below are true, you qualify to file this No Tax Due Report (Blacken all circles that apply):**

**1. This entity is a passive entity as defined in Texas Tax Code Sec. 171.0003. (See instructions.)**  
(Passive income does NOT include rent.)

1.  

**2. This entity's annualized total revenue is below the no tax due threshold.**

2.  

**3. This entity has zero Texas Gross Receipts.**

3.  

**4. This entity is a Real Estate Investment Trust (REIT) that meets the qualifications specified in Texas Tax Code Sec. 171.0002(c)(4).**

4. ☒ ☐ ☐

**5. This entity is a new veteran-owned business as defined in Texas Tax Code Sec. 171.0005. (See instructions.)**  
(Must have formed after Jan. 1, 2016, and must be pre-qualified.)

5. ☐ ○

**6a. Accounting year  
begin date**

6a. 

|        |   |        |   |   |        |
|--------|---|--------|---|---|--------|
| $\phi$ | 1 | $\phi$ | 1 | 2 | $\phi$ |
|--------|---|--------|---|---|--------|

**6b. Accounting year  
end date**

6b. 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| m | m | d | d | y | y |
| 1 | 2 | 3 | 1 | 2 | 0 |

**7. TOTAL REVENUE** (Whole dollars only)

7. 

|  |  |  |  |  |  |  |  |  |  |   |   |   |   |   |   |
|--|--|--|--|--|--|--|--|--|--|---|---|---|---|---|---|
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|--|--|--|--|--|--|--|--|--|--|---|---|---|---|---|---|

Print or type name Kevin O'Neil Kruse Sr.

|                            |
|----------------------------|
| Area code and phone number |
| (254) 319-6720             |

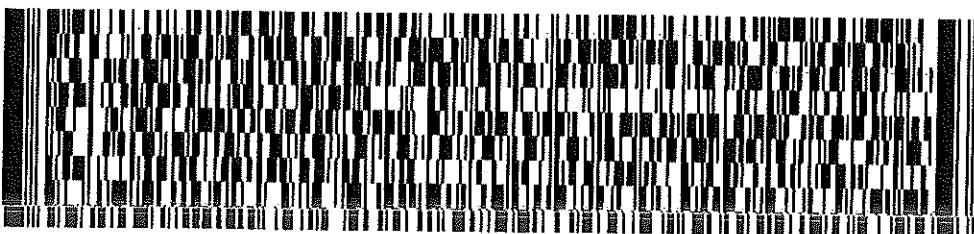
I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief.

sign here 

Date July 27, 2026

**Mail original to:**  
Texas Comptroller of Public Accounts  
P.O. Box 149348  
Austin, TX 78714-9348

Instructions for each report year are online at [www.comptroller.texas.gov/taxes/franchise/forms/](http://www.comptroller.texas.gov/taxes/franchise/forms/). If you have any questions, call 1-800-252-1381.

**Texas Comptroller Official Use Only**

|         |   |  |  |  |  |
|---------|---|--|--|--|--|
| VE/DE   | ○ |  |  |  |  |
| PM Date |   |  |  |  |  |





05-102  
(Rev. 9-15/33)

# Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

3 2 0 6 6 8 8 9 1 3 3

■ Report year

2 0 2 1

You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

|                                                                           |                    |                                                                                      |  |
|---------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------|--|
| Taxpayer name<br><b>LONE STAR DRAGON CHAPTER, CHEMICAL CORPS REGIMENT</b> |                    | <input type="radio"/> Blacken circle if the mailing address has changed.             |  |
| Mailing address<br><b>P.O. BOX 12078</b>                                  |                    | Secretary of State (SOS) file number or Comptroller file number<br><b>0802992349</b> |  |
| City<br><b>Killeen</b>                                                    | State<br><b>Tx</b> | ZIP code plus 4<br><b>76547</b>                                                      |  |

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

|                             |
|-----------------------------|
| Principal office            |
| Principal place of business |

You must report officer, director, member, general partner and manager information as of the date you complete this report.



1000000000000

**Please sign below!** This report must be signed to satisfy franchise tax requirements.

## SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

|                                               |                                |                                                  |                                                   |
|-----------------------------------------------|--------------------------------|--------------------------------------------------|---------------------------------------------------|
| Name<br><b>CONRAD STRIEGL</b>                 | Title<br><b>President</b>      | Director<br><input type="radio"/> YES            | Term expiration<br>m m d d y y<br><b>04 01 28</b> |
| Mailing address<br><b>9838 STATE HWY 46</b>   | City<br><b>PIPE CREEK</b>      | State<br><b>Tx</b>                               | ZIP Code<br><b>78063</b>                          |
| Name<br><b>CHRISTOPHER WILLIAMS</b>           | Title<br><b>Vice President</b> | Director<br><input type="radio"/> YES            | Term expiration<br>m m d d y y<br><b>04 01 28</b> |
| Mailing address<br><b>6105 LANA COURT</b>     | City<br><b>Killeen</b>         | State<br><b>Tx</b>                               | ZIP Code<br><b>76542</b>                          |
| Name<br><b>Jeffrey Harris</b>                 | Title<br><b>MANAGER / OPNS</b> | Director<br><input checked="" type="radio"/> YES | Term expiration<br>m m d d y y<br><b>04 01 28</b> |
| Mailing address<br><b>1102 Windy Hill Rd.</b> | City<br><b>HARKEE HEIGHTS</b>  | State<br><b>Tx</b>                               | ZIP Code<br><b>76548</b>                          |

## SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

|                                                                              |                    |                               |                         |
|------------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |

## SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

|                                                                          |                    |                               |                         |
|--------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
|--------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|

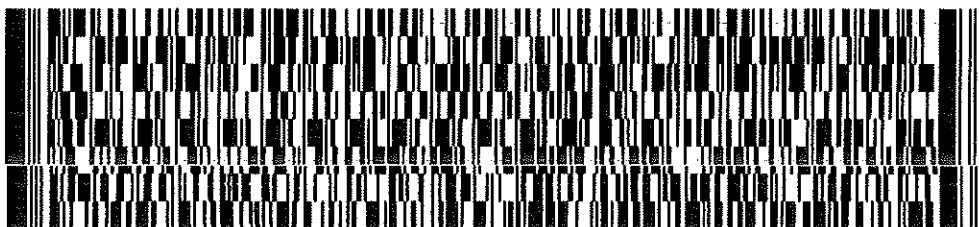
|                                                                                                         |      |                                                                                                                                  |          |
|---------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------|----------|
| Registered agent and registered office currently on file (see instructions if you need to make changes) |      | You must make a filing with the Secretary of State to change registered agent, registered office or general partner information. |          |
| Agent:                                                                                                  |      |                                                                                                                                  |          |
| Office:                                                                                                 | City | State                                                                                                                            | ZIP Code |

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

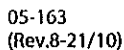
|                                        |                                  |                              |                                                     |
|----------------------------------------|----------------------------------|------------------------------|-----------------------------------------------------|
| Sign here<br><b>Kevin O. Jones Sr.</b> | Title<br><b>Treasurer / Dir.</b> | Date<br><b>July 27, 2026</b> | Area code and phone number<br><b>(254) 319-6720</b> |
|----------------------------------------|----------------------------------|------------------------------|-----------------------------------------------------|

Texas Comptroller Official Use Only



|       |                       |         |                       |
|-------|-----------------------|---------|-----------------------|
| VE/DE | <input type="radio"/> | PIR IND | <input type="radio"/> |
|-------|-----------------------|---------|-----------------------|





**The law requires No Tax Due Reports originally due on or after Jan. 1, 2016 to be filed electronically. Filing this paper report means you are requesting, and we are granting, a waiver from the electronic reporting requirement for this report year ONLY.**

**Due date**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |            |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|
| 3 | 2 | 0 | 6 | 6 | 8 | 8 | 9 | 1 | 3 | 3 | 2 | 0 | 2 | 2 | 05/16/2022 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|

|                                                                                                                                                                                            |                 |                    |                              |                                                                                                                  |  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|--------------------|------------------------------|------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|--|--|
| Taxpayer name <b>LONG STAR DRAGON CHAPTER, CHEMICAL CORPS REGIMENT</b>                                                                                                                     |                 |                    |                              | Secretary of State file number                                                                                   |  |  |  |  |  |  |  |
| Mailing address <b>P.O. Box 12678</b>                                                                                                                                                      |                 |                    |                              | or Comptroller file number <b>8802992349</b>                                                                     |  |  |  |  |  |  |  |
| City <b>Killeen</b>                                                                                                                                                                        | State <b>TX</b> | Country <b>USA</b> | ZIP code plus 4 <b>76547</b> | Blacken circle if the address has changed <input type="checkbox"/>                                               |  |  |  |  |  |  |  |
| Blacken circle if this is a combined report <input type="checkbox"/>                                                                                                                       |                 |                    |                              | NAICS code<br><table border="1"> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table> |  |  |  |  |  |  |  |
|                                                                                                                                                                                            |                 |                    |                              |                                                                                                                  |  |  |  |  |  |  |  |
| Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions. (Note: Upper tiered partnerships do not qualify to use this form.) <input type="checkbox"/> |                 |                    |                              |                                                                                                                  |  |  |  |  |  |  |  |
| Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution?                                                           |                 |                    |                              | <input type="radio"/> Yes <input checked="" type="radio"/> No                                                    |  |  |  |  |  |  |  |

**1. This entity is a passive entity as defined in Texas Tax Code Sec. 171.0003. (See instructions.)**  
(Passive Income does NOT include rent.)

1. C

2. 

3. C

4. ☐ C

5. ☐ C

6a. 

|          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|
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| <i>ϕ</i> | <i>l</i> | <i>ϕ</i> | <i>l</i> | <i>z</i> | <i>l</i> |

**end date**

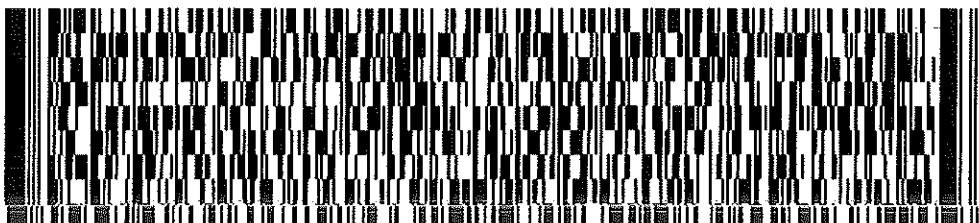
6b. 

|   |   |   |   |   |   |
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| 7. |  |  |  |  |  | 6 | 5 | 6 | 8 | 0 | 0 |
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|                                                                                                                                 |                              |                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------|
| Print or type name<br><i>Kevin O'Neil Kruse Sr.</i>                                                                             |                              | Area code and phone number<br><i>(254) 319-6720</i>                                                          |
| I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief. |                              | <b>Mail original to:</b><br>Texas Comptroller of Public Accounts<br>P.O. Box 149348<br>Austin, TX 78714-9348 |
| sign here <i>Kevin O. Kruse Sr.</i>                                                                                             | Date<br><i>June 27, 2026</i> |                                                                                                              |

Instructions for each report year are online at [www.comptroller.texas.gov/taxes/franchise/forms/](http://www.comptroller.texas.gov/taxes/franchise/forms/). If you have any questions, call 1-800-252-1381.

**Texas Comptroller Official Use Only**

|         |   |  |  |  |  |  |
|---------|---|--|--|--|--|--|
| VE/DE   | ○ |  |  |  |  |  |
| PM Date |   |  |  |  |  |  |





05-102  
(Rev. 9-15/33)

# Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

3 2 0 6 6 8 8 9 1 3 3

■ Report year

2 0 2 2

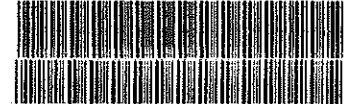
You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at 1-800-252-1381.

|                                                                      |                    |                                                                                      |  |
|----------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------|--|
| Taxpayer name<br><b>LOVE STAR DRAGON CHAPTER, CHEMICAL CORPS REG</b> |                    | <input type="radio"/> Blacken circle if the mailing address has changed.             |  |
| Mailing address<br><b>P.O. BOX 12078</b>                             |                    | Secretary of State (SOS) file number or Comptroller file number<br><b>0802992349</b> |  |
| City<br><b>Killeen</b>                                               | State<br><b>TX</b> | ZIP code plus 4<br><b>76547</b>                                                      |  |

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

|                             |
|-----------------------------|
| Principal office            |
| Principal place of business |

You must report officer, director, member, general partner and manager information as of the date you complete this report.



1000000000000

**Please sign below! This report must be signed to satisfy franchise tax requirements.**

## SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

|                                              |                                |                                                  |                                                   |
|----------------------------------------------|--------------------------------|--------------------------------------------------|---------------------------------------------------|
| Name<br><b>CONRAD STRIEGL</b>                | Title<br><b>President</b>      | Director<br><input type="radio"/> YES            | Term expiration<br>m m d d y y<br><b>04 01 28</b> |
| Mailing address<br><b>9838 STATE HWY 46</b>  | City<br><b>PIPE CREEK</b>      | State<br><b>TX</b>                               | ZIP Code<br><b>78063</b>                          |
| Name<br><b>CHRISTOPHER WILLIAMS</b>          | Title<br><b>Vice President</b> | Director<br><input type="radio"/> YES            | Term expiration<br>m m d d y y<br><b>04 01 28</b> |
| Mailing address<br><b>6105 LANA COURT</b>    | City<br><b>KILLEEN</b>         | State<br><b>TX</b>                               | ZIP Code<br><b>76542</b>                          |
| Name<br><b>JEFFREY HARRIS</b>                | Title<br><b>MANAGER/OPNS</b>   | Director<br><input checked="" type="radio"/> YES | Term expiration<br>m m d d y y<br><b>04 01 28</b> |
| Mailing address<br><b>1102 WINDY HILL RD</b> | City<br><b>HARKER HEIGHTS</b>  | State<br><b>TX</b>                               | ZIP Code<br><b>76548</b>                          |

## SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

|                                                                              |                    |                               |                         |
|------------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |

## SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

|                                                                          |                    |                               |                         |
|--------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
|--------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|

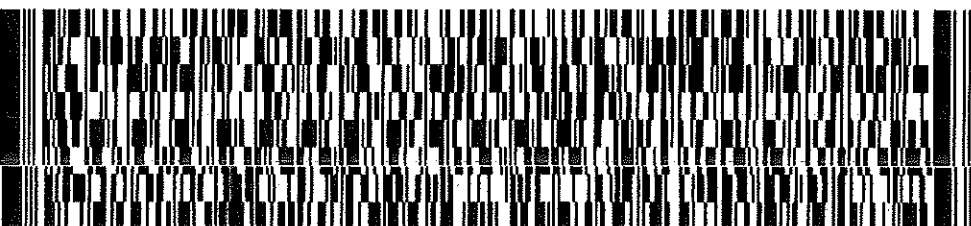
|                                                                                                         |      |                                                                                                                                  |          |
|---------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------|----------|
| Registered agent and registered office currently on file (see instructions if you need to make changes) |      | You must make a filing with the Secretary of State to change registered agent, registered office or general partner information. |          |
| Agent:                                                                                                  | City | State                                                                                                                            | ZIP Code |
| Office:                                                                                                 |      |                                                                                                                                  |          |

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

|                                        |                                 |                              |                                                     |
|----------------------------------------|---------------------------------|------------------------------|-----------------------------------------------------|
| Sign here<br><b>Kevin O. Jones SR.</b> | Title<br><b>Treasurer / Dir</b> | Date<br><b>July 27, 2020</b> | Area code and phone number<br><b>(254) 319-6720</b> |
|----------------------------------------|---------------------------------|------------------------------|-----------------------------------------------------|

Texas Comptroller Official Use Only



|       |                       |         |                       |
|-------|-----------------------|---------|-----------------------|
| VE/DE | <input type="radio"/> | PIR IND | <input type="radio"/> |
|-------|-----------------------|---------|-----------------------|



## Texas Franchise Tax No Tax Due Report

■ **Tcode** 13255 Annual Franchise

**The law requires No Tax Due Reports originally due on or after Jan. 1, 2016 to be filed electronically. Filing this paper report means you are requesting, and we are granting, a waiver from the electronic reporting requirement for this report year ONLY.**

■ Taxpayer number

Report year

**Due date**

|   |   |   |   |   |   |   |   |   |   |   |   |   |   |   |            |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|
| 3 | 2 | 0 | 6 | 6 | 8 | 8 | 9 | 1 | 3 | 3 | 2 | 0 | 2 | 3 | 05/15/2023 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|------------|

|                                                                                                                                                                                            |  |                 |                    |                                                                                   |                                                                                                                                                                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-----------------|--------------------|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Taxpayer name <b>LONE STAR DRAGON CHAPTER, CHEMICAL CORPS REGIMENT</b>                                                                                                                     |  |                 |                    | Secretary of State file number<br>or Comptroller file number<br><b>0802992349</b> |                                                                                                                                                                     |
| Mailing address <b>P.O. Box 12078</b>                                                                                                                                                      |  |                 |                    |                                                                                   |                                                                                                                                                                     |
| City <b>Killeen</b>                                                                                                                                                                        |  | State <b>TX</b> | Country <b>USA</b> | ZIP code plus 4 <b>76547</b>                                                      | Blacken circle if the address has changed <input type="checkbox"/>                                                                                                  |
| Blacken circle if this is a combined report <input type="checkbox"/>                                                                                                                       |  |                 |                    |                                                                                   | NAICS code<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| Blacken circle if Total Revenue is adjusted for Tiered Partnership Election, see instructions. (Note: Upper tiered partnerships do not qualify to use this form.) <input type="checkbox"/> |  |                 |                    |                                                                                   | <input type="checkbox"/>                                                                                                                                            |
| Is this entity a corporation, limited liability company, professional association, limited partnership or financial institution?                                                           |  |                 |                    |                                                                                   | <input type="radio"/> Yes <input checked="" type="radio"/> No                                                                                                       |

**If any of the statements below are true, you qualify to file this No Tax Due Report** (Blacken all circles that apply.):

1. **This entity is a passive entity as defined in Texas Tax Code Sec. 171.0003.** *(See instructions.)*  
(Passive Income does NOT include rent.) 1. ☐ ☐
  2. **This entity's annualized total revenue is below the no tax due threshold.** 2. ☐ ☒
  3. **This entity has zero Texas Gross Receipts.** 3. ☐ ☐
  4. **This entity is a Real Estate Investment Trust (REIT) that meets the qualifications specified in Texas Tax Code Sec. 171.0002(c)(4).** 4. ☐ ☐
  5. **This entity is a new veteran-owned business as defined in Texas Tax Code Sec. 171.0005.**  
*(Must be pre-qualified, see instructions)* 5. ☐ ☐

**6a. Accounting year  
begin date**

6a. 

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| m | m | d | d | y | y |
| 0 | 1 | 0 | 1 | 2 | 2 |

**6b. Accounting year  
end date**

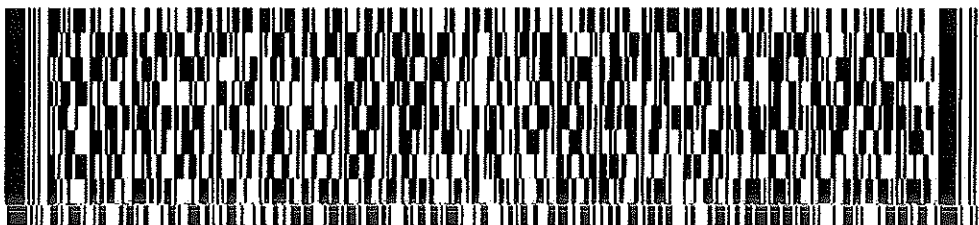
6b. 

|          |          |          |          |          |          |
|----------|----------|----------|----------|----------|----------|
| <i>m</i> | <i>m</i> | <i>d</i> | <i>d</i> | <i>y</i> | <i>y</i> |
| 1        | 2        | 3        | 1        | 2        | 2        |

**7. TOTAL REVENUE** *(Whole dollars only)*[illegible]

|                                                                                                                                 |                              |                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------|
| Print or type name<br><i>Kevin O'Neil Kruse SR.</i>                                                                             |                              | Area code and phone number<br><i>(254) 319-6728</i>                                                          |
| I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief. |                              | <b>Mail original to:</b><br>Texas Comptroller of Public Accounts<br>P.O. Box 149348<br>Austin, TX 78714-9348 |
| sign here<br><i>Kevin O. Kruse SR.</i>                                                                                          | Date<br><i>July 27, 2026</i> |                                                                                                              |

Instructions for each report year are online at [www.comptroller.texas.gov/taxes/franchise/forms/](http://www.comptroller.texas.gov/taxes/franchise/forms/). If you have any questions, call 1-800-252-1381.

**Texas Comptroller Official Use Only**

|         |   |  |  |  |  |  |
|---------|---|--|--|--|--|--|
| VE/DE   | ○ |  |  |  |  |  |
| PM Date |   |  |  |  |  |  |





Computer  
of Public  
Accounts  
Form

05-102  
(Rev. 9-15/33)

# Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),  
Professional Associations (PA) and Financial Institutions

■ Tcode 13196 Franchise

■ Taxpayer number

3 2 0 6 6 8 8 9 1 3 3

■ Report year

2 0 2 3

You have certain rights under Chapter 552 and 559,  
Government Code, to review, request and correct information  
we have on file about you. Contact us at 1-800-252-1381.

|                                                                          |                    |                                                                                         |  |
|--------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------|--|
| Taxpayer name<br><b>LOVE STAR DRAGON CHAPTER CHEMICAL CORPS REGIMENT</b> |                    | <input type="radio"/> Blacken circle if the mailing address has changed.                |  |
| Mailing address<br><b>P.O. BOX 12078</b>                                 |                    | Secretary of State (SOS) file number or<br>Comptroller file number<br><b>0802992349</b> |  |
| City<br><b>Killeen</b>                                                   | State<br><b>Tx</b> | ZIP code plus 4<br><b>76547</b>                                                         |  |

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

|                             |
|-----------------------------|
| Principal office            |
| Principal place of business |

You must report officer, director, member, general partner and manager information as of the date you complete this report.



1000000000000

**Please sign below! This report must be signed to satisfy franchise tax requirements.**

## SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

|                                              |                                |                                                  |                                                   |
|----------------------------------------------|--------------------------------|--------------------------------------------------|---------------------------------------------------|
| Name<br><b>CONRAD STRIEGL</b>                | Title<br><b>President</b>      | Director<br><input type="radio"/> YES            | Term expiration<br>m m d d y y<br><b>04 01 28</b> |
| Mailing address<br><b>9838 STATE HWY 46</b>  | City<br><b>PIPE CREEK</b>      | State<br><b>Tx</b>                               | ZIP Code<br><b>78063</b>                          |
| Name<br><b>CHRISTOPHER WILLIAMS</b>          | Title<br><b>Vice President</b> | Director<br><input type="radio"/> YES            | Term expiration<br>m m d d y y<br><b>04 01 28</b> |
| Mailing address<br><b>6105 LANA COURT</b>    | City<br><b>KILLEEN</b>         | State<br><b>Tx</b>                               | ZIP Code<br><b>76542</b>                          |
| Name<br><b>JEFFREY HARRIS</b>                | Title<br><b>MANAGER/OPNS</b>   | Director<br><input checked="" type="radio"/> YES | Term expiration<br>m m d d y y<br><b>04 01 28</b> |
| Mailing address<br><b>1102 WINDY HILL RD</b> | City<br><b>HARKEE HEIGHTS</b>  | State<br><b>Tx</b>                               | ZIP Code<br><b>76548</b>                          |

## SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

|                                                                              |                    |                               |                         |
|------------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |

## SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

|                                                                          |                    |                               |                         |
|--------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
|--------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|

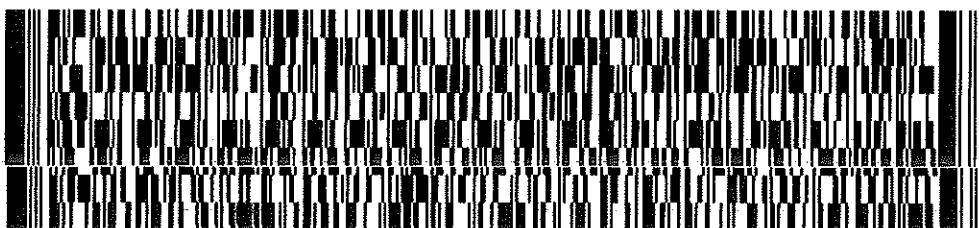
|                                                                                                         |      |                                                                                                                                  |          |
|---------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------|----------|
| Registered agent and registered office currently on file (see instructions if you need to make changes) |      | You must make a filing with the Secretary of State to change registered agent, registered office or general partner information. |          |
| Agent:                                                                                                  | City | State                                                                                                                            | ZIP Code |
| Office:                                                                                                 |      |                                                                                                                                  |          |

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

|                                        |                                |                             |                                                     |
|----------------------------------------|--------------------------------|-----------------------------|-----------------------------------------------------|
| Sign here<br><b>David O. Jones SR.</b> | Title<br><b>Treasurer/Dir.</b> | Date<br><b>27 July 2020</b> | Area code and phone number<br><b>(254) 319-6720</b> |
|----------------------------------------|--------------------------------|-----------------------------|-----------------------------------------------------|

Texas Comptroller Official Use Only



|       |                       |         |                       |
|-------|-----------------------|---------|-----------------------|
| VE/DE | <input type="radio"/> | PIR IND | <input type="radio"/> |
|-------|-----------------------|---------|-----------------------|



05-102  
(Rev. 2-24/35)

## Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),  
Professional Associations (PA) and Financial Institutions.

Tcode 13196 Franchise

Taxpayer number

3 2 0 6 6 8 8 9 1 3 3

Report year

2 0 2 4

Due date

5/15/2024

You have certain rights under Chapter 552  
and 559, Government Code, to review, request and  
correct information we have on file about you.

|                                                                    |             |                                                                          |            |
|--------------------------------------------------------------------|-------------|--------------------------------------------------------------------------|------------|
| Taxpayer name<br>LONE STAR DRAGON CHAPTER, CHEMICAL CORPS REGIMENT |             | <input type="radio"/> Blacken circle if the mailing address has changed. |            |
| Mailing address<br>P.O. Box 12078                                  |             | Secretary of State (SOS) file number or<br>Comptroller file number       |            |
| City<br>Killeen                                                    | State<br>Tx | ZIP code plus 4<br>76547                                                 | 0802992349 |

Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

|                             |
|-----------------------------|
| Principal office            |
| Principal place of business |

You must report officer, director, member, general partner and manager information as of the date you complete this report.

Mail signed report to:  
Texas Comptroller of Public Accounts  
P.O. Box 149348  
Austin, Tx 78714-9348For locations and phone numbers visit  
[www.comptroller.texas.gov/about/contact](http://www.comptroller.texas.gov/about/contact)**Please sign below!** This report must be signed to satisfy franchise tax requirements.

## SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

|                                       |                         |                                                  |                    |                            |
|---------------------------------------|-------------------------|--------------------------------------------------|--------------------|----------------------------|
| Name<br>CONRAD STRIEGL                | Title<br>President      | Director<br><input type="radio"/> YES            | Term<br>expiration | m m d d y y<br>0 4 0 1 2 8 |
| Mailing address<br>9838 STATE HWY 46  | City<br>PIPE CREEK      | State<br>Tx                                      | ZIP Code<br>78063  |                            |
| Name<br>CHRISTOPHER WILLIAMS          | Title<br>Vice President | Director<br><input type="radio"/> YES            | Term<br>expiration | m m d d y y<br>0 4 0 1 2 8 |
| Mailing address<br>6105 LANA COURT    | City<br>KILLEEN         | State<br>Tx                                      | ZIP Code<br>76542  |                            |
| Name<br>JEFFREY HARRIS                | Title<br>manager/opns   | Director<br><input checked="" type="radio"/> YES | Term<br>expiration | m m d d y y<br>0 4 0 1 2 8 |
| Mailing address<br>1102 Windy Hill Rd | City<br>HARKEE HEIGHTS  | State<br>Tx                                      | ZIP Code<br>76548  |                            |

## SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

|                                                                              |                    |                               |                         |
|------------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |

## SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

|                                                                          |                    |                               |                         |
|--------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
|--------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|

|                                                                                                         |      |                                                                                                                                  |          |
|---------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------|----------|
| Registered agent and registered office currently on file (see instructions if you need to make changes) |      | You must make a filing with the Secretary of State to change registered agent, registered office or general partner information. |          |
| Agent:                                                                                                  |      |                                                                                                                                  |          |
| Office:                                                                                                 | City | State                                                                                                                            | ZIP Code |

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

|                                |                          |                       |                                              |
|--------------------------------|--------------------------|-----------------------|----------------------------------------------|
| sign here<br>John O. Jones SR. | Title<br>Treasurer/Dire. | Date<br>July 27, 2020 | Area code and phone number<br>(254) 319-6720 |
|--------------------------------|--------------------------|-----------------------|----------------------------------------------|

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|---------|-----------------------|---------|-----------------------|
| VE/DE   | <input type="radio"/> | PIR IND | <input type="radio"/> |
| PM Date |                       |         |                       |



05-102  
(Rev. 2-24/35)

# Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP),  
Professional Associations (PA) and Financial Institutions.

■ Tcode 13196 Franchise

■ Taxpayer number

■ Report year

Due date

3 2 0 6 6 8 8 9 1 3 3

2 0 2 5

5/15/2025

You have certain rights under Chapter 552  
and 559, Government Code, to review, request and  
correct information we have on file about you.

|                                                                           |                    |                                 |                                                                                         |  |  |
|---------------------------------------------------------------------------|--------------------|---------------------------------|-----------------------------------------------------------------------------------------|--|--|
| Taxpayer name<br><b>LOVE STAR DRAGON CHAPTER, CHEMICAL CORPS REGIMENT</b> |                    |                                 | <input type="radio"/> Blacken circle if the mailing address has changed.                |  |  |
| Mailing address<br><b>P.O. Box 12078</b>                                  |                    |                                 | Secretary of State (SOS) file number or<br>Comptroller file number<br><b>0802992349</b> |  |  |
| City<br><b>Killeen</b>                                                    | State<br><b>Tx</b> | ZIP code plus 4<br><b>76547</b> |                                                                                         |  |  |

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

|                             |
|-----------------------------|
| Principal office            |
| Principal place of business |

You must report officer, director, member, general partner and manager information as of the date you complete this report.

**Mail signed report to:**  
Texas Comptroller of Public Accounts  
P.O. Box 149348  
Austin, Tx 78714-9348

For locations and phone numbers visit  
[www.comptroller.texas.gov/about/contact](http://www.comptroller.texas.gov/about/contact)

**Please sign below! This report must be signed to satisfy franchise tax requirements.**

## SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

| Name                                          | Title                         | Director                             | Term expiration          |
|-----------------------------------------------|-------------------------------|--------------------------------------|--------------------------|
| <b>CONRAD STRIEGL</b>                         | <b>President</b>              | <input type="radio"/> YES            | <b>04/01/28</b>          |
| Mailing address<br><b>9838 STATE HWY 46</b>   | City<br><b>PIPE CREEK</b>     | State<br><b>Tx</b>                   | ZIP Code<br><b>78063</b> |
| <b>CHRISTOPHER WILLIAMS</b>                   | <b>Vice President</b>         | <input type="radio"/> YES            | <b>04/01/28</b>          |
| Mailing address<br><b>6105 LANA COURT</b>     | City<br><b>KILLEEN</b>        | State<br><b>Tx</b>                   | ZIP Code<br><b>76542</b> |
| <b>JEFFREY HARRIS</b>                         | <b>MANAGER/OPS</b>            | <input checked="" type="radio"/> YES | <b>04/01/28</b>          |
| Mailing address<br><b>1102 WINDY HILL RD.</b> | City<br><b>HARKER HEIGHTS</b> | State<br><b>Tx</b>                   | ZIP Code<br><b>76548</b> |

## SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
|------------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|
|                                                                              |                    |                               |                         |
|                                                                              |                    |                               |                         |

## SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

| Name of owned (parent) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
|--------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|
|                                                                          |                    |                               |                         |

Registered agent and registered office currently on file (see instructions if you need to make changes)

You must make a filing with the Secretary of State to change registered agent, registered office or general partner information.

|         |      |       |          |
|---------|------|-------|----------|
| Agent:  | City | State | ZIP Code |
| Office: |      |       |          |

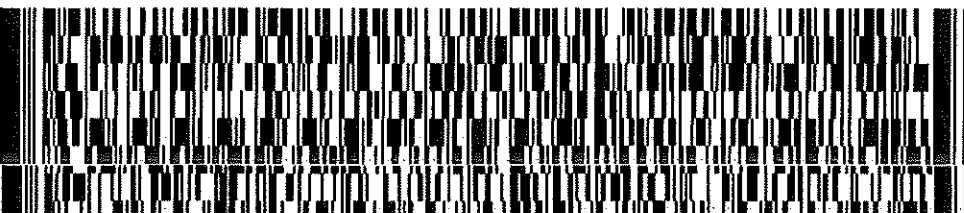
The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

|                                        |                               |                              |                                                    |
|----------------------------------------|-------------------------------|------------------------------|----------------------------------------------------|
| Signature<br><b>Kevin O. Jones Sr.</b> | Title<br><b>Treasurer/Dir</b> | Date<br><b>July 27, 2026</b> | Area code and phone number<br><b>254 1319-6720</b> |
|----------------------------------------|-------------------------------|------------------------------|----------------------------------------------------|

Texas Comptroller Official Use Only

|         |                       |         |                       |
|---------|-----------------------|---------|-----------------------|
| VE/DE   | <input type="radio"/> | PIR IND | <input type="radio"/> |
| PM Date |                       |         |                       |





05-102  
(Rev. 2-24/35)

# Texas Franchise Tax Public Information Report

To be filed by Corporations, Limited Liability Companies (LLC), Limited Partnerships (LP), Professional Associations (PA) and Financial Institutions.

■ Tcode 13196 Franchise

■ Taxpayer number

3 2 6 6 8 8 9 1 3 3

■ Report year

2 0 2 6

Due date

5/15/2026

You have certain rights under Chapter 552 and 559, Government Code, to review, request and correct information we have on file about you.

|                                                                          |                    |                                                                                      |  |
|--------------------------------------------------------------------------|--------------------|--------------------------------------------------------------------------------------|--|
| Taxpayer name<br><b>LOVE STAR DRAGON CHAPTER CHEMICAL CORPS REGIMENT</b> |                    | <input type="checkbox"/> Blacken circle if the mailing address has changed.          |  |
| Mailing address<br><b>P.O. Box 12078</b>                                 |                    | Secretary of State (SOS) file number or Comptroller file number<br><b>0802992349</b> |  |
| City<br><b>Killeen</b>                                                   | State<br><b>TX</b> | ZIP code plus 4<br><b>76547</b>                                                      |  |

● Blacken circle if there are currently no changes from previous year; if no information is displayed, complete the applicable information in Sections A, B and C.

|                             |
|-----------------------------|
| Principal office            |
| Principal place of business |

You must report officer, director, member, general partner and manager information as of the date you complete this report.

**Mall signed report to:**  
Texas Comptroller of Public Accounts  
P.O. Box 149348  
Austin, Tx 78714-9348

For locations and phone numbers visit  
[www.comptroller.texas.gov/about/contact](http://www.comptroller.texas.gov/about/contact).

**Please sign below!** This report must be signed to satisfy franchise tax requirements.

## SECTION A Name, title and mailing address of each officer, director, member, general partner or manager.

|                                              |                                |                                                  |                                                      |
|----------------------------------------------|--------------------------------|--------------------------------------------------|------------------------------------------------------|
| Name<br><b>CONRAD STRIEBL</b>                | Title<br><b>President</b>      | Director<br><input type="radio"/> YES            | Term expiration<br>m m d d y y<br><b>0 4 0 1 2 8</b> |
| Mailing address<br><b>9838 STATE HWY 46</b>  | City<br><b>PIPE CREEK</b>      | State<br><b>TX</b>                               | ZIP Code<br><b>78063</b>                             |
| Name<br><b>CHRISTOPHER WILLIAMS</b>          | Title<br><b>Vice President</b> | Director<br><input type="radio"/> YES            | Term expiration<br>m m d d y y<br><b>0 4 0 1 2 8</b> |
| Mailing address<br><b>6105 LANA COURT</b>    | City<br><b>KILLEEN</b>         | State<br><b>TX</b>                               | ZIP Code<br><b>76542</b>                             |
| Name<br><b>JEFFREY HARRIS</b>                | Title<br><b>MANAGER/OPNS</b>   | Director<br><input checked="" type="radio"/> YES | Term expiration<br>m m d d y y<br><b>0 4 0 1 2 8</b> |
| Mailing address<br><b>1102 Windy Hill Rd</b> | City<br><b>HARKEE HEIGHTS</b>  | State<br><b>TX</b>                               | ZIP Code<br><b>76548</b>                             |

## SECTION B Enter information for each corporation, LLC, LP, PA or financial institution, if any, in which this entity owns an interest of 10 percent or more.

|                                                                              |                    |                               |                         |
|------------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
| Name of owned (subsidiary) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |

## SECTION C Enter information for each corporation, LLC, LP, PA or financial institution, if any, that owns an interest of 10 percent or more in this entity.

|                                                                          |                    |                               |                         |
|--------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|
| Name of owned (parent) corporation, LLC, LP, PA or financial institution | State of formation | Texas SOS file number, if any | Percentage of ownership |
|--------------------------------------------------------------------------|--------------------|-------------------------------|-------------------------|

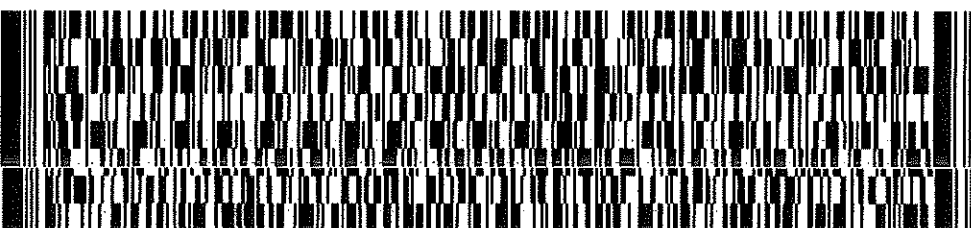
|                                                                                                         |      |                                                                                                                                  |          |
|---------------------------------------------------------------------------------------------------------|------|----------------------------------------------------------------------------------------------------------------------------------|----------|
| Registered agent and registered office currently on file (see instructions if you need to make changes) |      | You must make a filing with the Secretary of State to change registered agent, registered office or general partner information. |          |
| Agent:                                                                                                  | City | State                                                                                                                            | ZIP Code |
| Office:                                                                                                 |      |                                                                                                                                  |          |

The information on this form is required by Section 171.203 of the Tax Code for each corporation, LLC, LP, PA or financial institution that files a Texas Franchise Tax Report. Use additional sheets for Sections A, B and C, if necessary. The information will be available for public inspection.

I declare that the information in this document and any attachments is true and correct to the best of my knowledge and belief, as of the date below, and that a copy of this report has been mailed to each person named in this report who is an officer, director, member, general partner or manager and who is not currently employed by this or a related corporation, LLC, LP, PA or financial institution.

|                                    |                                |                              |                                                     |
|------------------------------------|--------------------------------|------------------------------|-----------------------------------------------------|
| sign here<br><b>Ken O. Kim Sr.</b> | Title<br><b>Treasurer/Dire</b> | Date<br><b>July 27, 2026</b> | Area code and phone number<br><b>(254) 319-6720</b> |
|------------------------------------|--------------------------------|------------------------------|-----------------------------------------------------|

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|         |                       |         |                       |
|---------|-----------------------|---------|-----------------------|
| VE/DE   | <input type="radio"/> | PIR IND | <input type="radio"/> |
| PM Date |                       |         |                       |

