

## Assignment and Report

|                                                                                                                                                                                     |   |                                                                                        |                                     |                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|----------------------------------------------------------------------------------------|-------------------------------------|---------------------------------------|
| <b>1. OPERATING NAME AND ADDRESS</b><br>(INCLUDE ZIP CODE AND COUNTY)<br>BSK INC<br>SOUTHERN SPORTSMAN<br>1724 FRONT STREET<br>MERIDIAN, MS 39301, LAUDERDALE                       |   | <b>2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.)</b><br>777070-2017-0049-B1B |                                     |                                       |
|                                                                                                                                                                                     |   | <b>3. PERMIT/LICENSE NUMBER</b><br>164075019B01494                                     | <b>4a. TARGET DATE</b><br>6/15/2017 | <b>4b. TARGET HOURS</b>               |
|                                                                                                                                                                                     |   | <b>5. REQUESTED BY (SIGNATURE, TITLE AND DATE)</b>                                     |                                     |                                       |
| <b>6. ATF OFFICER(S) ASSIGNED</b><br>(b) (6) - Lead Investigator                                                                                                                    |   |                                                                                        |                                     |                                       |
| <b>7. ASSIGNED BY (SIGNATURE, TITLE AND DATE)</b><br>(b) (6), Area Supervisor, 10/06/2016                                                                                           |   |                                                                                        |                                     |                                       |
| <b>8. PURPOSE/SPECIAL INSTRUCTIONS</b>                                                                                                                                              |   |                                                                                        |                                     |                                       |
| <b>9. INSPECTION RESULTS</b> <input type="checkbox"/> CHECK IF NO VIOLATIONS, ADJUSTMENTS, ETC                                                                                      |   |                                                                                        |                                     |                                       |
| NO. OF VIOLATIONS                                                                                                                                                                   | 1 | NO. OF REFERRALS                                                                       |                                     | <b>10. TRAVEL EXPENSES (OPTIONAL)</b> |
| NO. OF TECS CHECKS                                                                                                                                                                  | 3 | NO. OF TECS HITS                                                                       |                                     | 2111 - PER DIEM                       |
| NO. OF TAX ADJUSTMENTS                                                                                                                                                              |   | \$ VALUE OF TAX INCREASES                                                              |                                     | 2112 - P.O.A.                         |
|                                                                                                                                                                                     |   | \$ VALUE OF TAX DECREASES                                                              |                                     | 2113 - COMM. AIR                      |
| NO. OF ASSESSMENTS                                                                                                                                                                  |   | \$ VALUE OF ASSESSMENTS                                                                |                                     | 2114 - RENTAL CAR                     |
| NO. OF CLAIMS                                                                                                                                                                       |   | \$ VALUE OF CLAIMS                                                                     |                                     | 2115 - GPV EXPENSES                   |
| NO. OF TAX PERIODS                                                                                                                                                                  |   | \$ VALUE OF TAXES VERIFIED                                                             |                                     | 2116 - MISC.                          |
|                                                                                                                                                                                     |   |                                                                                        |                                     | TOTAL \$ FOR INSP.                    |
| <b>11. ATF OFFICER'S RECOMMENDATION</b><br>Submitted by (b) (6) - Industry Operations Investigator<br><br>Submitted on: 01/31/2017<br><br>Viols WL ONLY and No Recall Inspection    |   |                                                                                        |                                     |                                       |
| <b>12. TIME ACCOUNTING DATA</b>                                                                                                                                                     |   |                                                                                        |                                     |                                       |
| ATF OFFICER'S NAME (MONTH, YEAR, HOURS) (b) (6)                                                                                                                                     |   |                                                                                        |                                     |                                       |
| NOV 2016                                                                                                                                                                            |   | 58.00                                                                                  |                                     |                                       |
| DEC 2016                                                                                                                                                                            |   | 17.00                                                                                  |                                     |                                       |
| JAN 2017                                                                                                                                                                            |   | 2.00                                                                                   |                                     |                                       |
| ATF OFFICER'S SUBTOTAL                                                                                                                                                              |   | 77.00                                                                                  | ATF OFFICER'S SIGNATURE             |                                       |
| TOTAL HOURS                                                                                                                                                                         |   | 77.00                                                                                  |                                     |                                       |
| <b>13. REVIEW AND ROUTING</b>                                                                                                                                                       |   |                                                                                        |                                     |                                       |
| <b>REVIEW COMMENTS AND RECOMMENDATION</b><br>Viols WL ONLY and No Recall Inspection                                                                                                 |   |                                                                                        |                                     |                                       |
| <input checked="" type="checkbox"/> REVIEWED <input checked="" type="checkbox"/> CONCUR <input type="checkbox"/> SEE COMMENTS <input checked="" type="checkbox"/> FINAL DISPOSITION |   |                                                                                        |                                     |                                       |
| SIGNATURE AND TITLE<br>(b) (6) - Area Supervisor                                                                                                                                    |   |                                                                                        | REVIEW DATE<br>01/31/2017           |                                       |

## Assignment and Report

|                                                                                                                                                       |                                                                                 |                              |                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|------------------------------|------------------|
| 1. OPERATING NAME AND ADDRESS<br>(INCLUDE ZIP CODE AND COUNTY)<br>BSK INC<br>SOUTHERN SPORTSMAN<br>1724 FRONT STREET<br>MERIDIAN,MS 39301, LAUDERDALE | 2. U.I. NUMBER (ORG. SEG. CODE, ASSIGNMENT NO., P.P.C.)<br>777070-2017-0049-B1B |                              |                  |
|                                                                                                                                                       | 3. PERMIT/LICENSE NUMBER<br>164075019B01494                                     | 4a. TARGET DATE<br>6/15/2017 | 4b. TARGET HOURS |
|                                                                                                                                                       | 5. REQUESTED BY (SIGNATURE, TITLE AND DATE)                                     |                              |                  |
|                                                                                                                                                       |                                                                                 |                              |                  |

ROUTING SEQUENCE AND DATE

- ☐ 1. \_\_\_\_\_  
☐ 2. \_\_\_\_\_  
☐ 3. \_\_\_\_\_  
☐ 4. \_\_\_\_\_

CONTROL FILE POSTED DATE \_\_\_\_\_



**U.S. Department of Justice**

Bureau of Alcohol, Tobacco,  
Firearms and Explosives  
100 W. Capitol, Suite 1403  
Jackson, MS 39269

---

www.atf.gov

777070 (b) (6)  
5373

January 31, 2017

**WARNING LETTER**

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**

BSK, Inc. (Southern Sportsman)  
ATTN: Mr. Anthony Creel  
1724 Front St.  
Meridian, MS 39301  
RE: 1-64-075-01-9B-01494

Dear Mr. Creel:

During a recent compliance inspection at your firearms business covering the period of November 07, 2015 through November 07, 2016, you were cited for violations of 27 Code of Federal Regulations, Part 478. The violations were discussed with you during the inspection. A copy of the Report of Violations, Form 5030.5, issued at the time of the inspection is enclosed.

All of the violations were fully explained to you by the Bureau of Alcohol Tobacco Firearms and Explosives (ATF) Investigator. You indicated that you understood the requirements of the firearms laws and regulations. You further indicated corrective actions would be taken to eliminate future violations.

The records you are required to maintain and the business operations you conduct are important to law enforcement in our continuing effort to reduce violent crime and protect the public. It is essential that you comply with all Federal laws and regulations that govern your firearms business. This is critical to carrying out our mission to protect the public and ensure that criminals do not gain access to firearms. ATF appreciates the efforts you and other industry members make in this area, and we look forward to continuing to work with you in that regard.

You are reminded that retention of your federal firearms license is conditioned upon your compliance with Federal laws and regulations. Any future violations, either repeat or otherwise, will be considered as willful and may result in the revocation of your license.

Please ensure that future compliance is achieved. Should you have any further questions regarding this matter, please contact (b) (6) at (b) (6)

Sincerely Yours,

(b) (6)

Area Supervisor

Enclosure

Cc: National Licensing Center  
Jackson II Field Office

### Instructions

|                                                             |                                  |                  |             |                   |                      |                   |
|-------------------------------------------------------------|----------------------------------|------------------|-------------|-------------------|----------------------|-------------------|
| Name of Proprietor<br>BSK, Inc. d/b/a<br>Southern Sportsman | Street Address<br>1724 Front St. | City<br>Meridian | State<br>MS | ZIP Code<br>39301 | County<br>LAUDERDALE | Page 1 of 1 Pages |
|-------------------------------------------------------------|----------------------------------|------------------|-------------|-------------------|----------------------|-------------------|

|                                         |                 |                                       |
|-----------------------------------------|-----------------|---------------------------------------|
| License/Permit/Registry Number (if any) | Expiration Date | Date(s) or Period of Inspection       |
| 1-64-075-01- <del>68</del> -01494       | 02/01/2019      | November 07, 2015 - November 07, 2016 |

### Inspection Results

| Number | USC or CFR Citation | Nature of Violation                                                                                                                                                                                                                                                      | Corrective Action to be Taken<br>(If not corrected immediately)                    | Date Corrections to be Made<br>(If not corrected immediately) |
|--------|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|---------------------------------------------------------------|
| 1.     | 27CFR 478.126a      | THE LICENSEE FAILED TO PREPARE A REPORT OF MULTIPLE SALES OR OTHER DISPOSITION (ATF F 3310.4) UPON SELLING OR OTHERWISE DISPOSING OF, AT ONE (1) TIME OR DURING ANY FIVE (5) CONSECUTIVE BUSINESS DAYS, TWO (2) OR MORE TO AN UNLICENSED PERSON, IN [REDACTED] INSTANCE. | THE LICENSEE PREPARED AND SUBMITTED ATF F 3310.4 FOR THE UNREPORTED MULTIPLE SALE. |                                                               |

(b) (6)

101

Date  
11-30-16

Date 11/30/2016

ATF Form 100-5  
Revised April 2000