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| No. W 45379 | | Due no later than Dec 31, 2014 | | 2. Registered Agent and Address (NO PO BOX) | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. TWIN CITY FURNITURE, LLC MICHAEL G PIERCE PO BOX 629 KELLOGG ID 83837 | | MICHAEL PIERCE 110 MCKINLEY AVE KELLOGG 83837 | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country Postal Code |
| MANAGER | MICHAEL PIERCE | PO BOX 629 | KELLOGG | ID | 83837 |
| 5. Organized Under the Laws of: ID W 45379 | | 6. Annual Report must be signed.* Signature: michael pierce Name (type or print): michael pierce Date: 12/30/2014 Title: manager | | | |
| Processed 12/30/2014 | | * Electronically provided signatures are accepted as original signatures. | | | |