

No. W 33757		Due no later than Oct 31, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. THOMAS MORE, LLC KELLY 323 N SPOKANE ST POST FALLS ID 83854		THOMAS R DETAR MD 323 N SPOKANE ST POST FALLS ID 83854			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	THOMAS R DETAR	3135 S SCHILLING LOOP	POST FALLS	ID	USA	83854	
MEMBER	CYNTHIA W DETAR	3135 S SCHILLING LOOP	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of: ID W 33757		6. Annual Report must be signed.* Signature: Kelly O'Sullivan Name (type or print): Kelly O'Sullivan					
		Date: 08/13/2009 Title: Office Manager					
Processed 08/13/2009		* Electronically provided signatures are accepted as original signatures.					