

<b>No. W 92094</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE          DUE: \$30.00</b>	<b>Reinstatement Annual Report Form          ADMIN DISSOLVED 07/11/2012</b>  <b>1. Mailing Address: Correct in this box if needed.</b> TUMTIM, LLC 2615 N FRUITLAND LN COEUR D ALENE ID 83815	<b>2. Registered Agent and Office          (NOT A P.O. BOX)</b> TOM MCGRATH 2615 N FRUITLAND LN COEUR D ALENE ID 83815  <b>3. New Registered Agent Signature.</b>																																			
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Tom McGrath</td> <td>207 Lakeview Dr.</td> <td>Coeur d'Alene</td> <td>ID</td> <td></td> <td>83815</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Tom McGrath	207 Lakeview Dr.	Coeur d'Alene	ID		83815	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																															
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Tom McGrath	207 Lakeview Dr.	Coeur d'Alene	ID		83815																															
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																					
<b>5. Organized Under the Laws of:</b>  IDAHO W 92094	<b>6.</b> Signature: <u>Tom McGrath</u> Date: <u>10/10/2012</u> Name (type or print): <u>Tom McGrath</u> Title: <u>CEO</u>																																				

Issued 10/10/2012 by DK1

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**

**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the