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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|-----------------------------------------------------|---------------------|
| No. <b>W 40640</b>                                                                                                                                     |                 | <b>Due no later than Jun 30, 2011</b>                                                                                                                                             |         | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                 | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TAC ENTERPRISES LLC<br>TIMOTHY G CHOIN<br>PO BOX 703<br>COUNCIL ID 83612<br>USA |         | TIMOTHY G CHOIN<br>503 N GALENA<br>COUNCIL ID 83612 |                     |
|                                                                                                                                                        |                 |                                                                                                                                                                                   |         | 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                                                                                                                                                | TIMOTHY G CHOIN | PO BOX 703                                                                                                                                                                        | COUNCIL | ID                                                  | USA 83612           |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 40640</b>                                                                                           |                 | 6. Annual Report must be signed.*<br>Signature: Angie Choin<br>Name (type or print): Angie Choin<br>Date: 06/21/2011<br>Title: Admin Assistant                                    |         |                                                     |                     |
| Processed 06/21/2011                                                                                                                                   |                 | * Electronically provided signatures are accepted as original signatures.                                                                                                         |         |                                                     |                     |