No. W 45379		Due no later than Dec 31, 2012		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			MICHAEL PIERCE 110 MCKINLEY AVE KELLOGG ID 83837 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TWIN CITY FURNITURE, LLC MICHAEL G PIERCE PO BOX 629 KELLOGG ID 83837						
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companie	es: Enter Nai	mes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER N	MANAGER MICHAEL PIER		PO BOX 629		KELLOGG	ID	USA	83837
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michael Pierce			Date: 12/28/2012			
W 45379		Name (type or print): Michael Pierce			Title: Manager			
Processed 12/28/2012 * Electronically provided signatures are accepted as original signatures.								