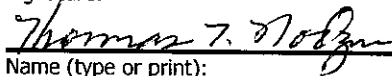
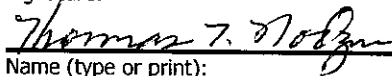
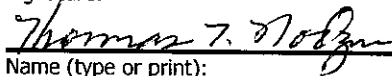


No. W 794	Due no later than Jan 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TOM NODZU 1923 NEZ PERCE BOISE ID 83705
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. TOMKAT LIMITED LIABILITY COMPANY TOM NODZU 1923 NEZ PERCE BOISE ID 83705		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Thomas T. Nodzu	1923 Nez Perce	Boise	ID	ADA	83705
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 794 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: 11-14-12 </td> </tr> <tr> <td> Name (type or print): Thomas T. Nodzu </td> <td> Title: Manager </td> </tr> </table>	Signature: 	Date: 11-14-12	Name (type or print): Thomas T. Nodzu	Title: Manager
Signature: 	Date: 11-14-12				
Name (type or print): Thomas T. Nodzu	Title: Manager				