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|--|---------------------|--|-----------|--|---------|-------------|--|
| No. W 36323 | | Due no later than Jan 31, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. TQ POCATELLO, LLC ROBERT M QUINN TQ TAPADERA, LLC 1249 TAPADERA AVE ONTARIO OR 97914 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 | | | |
| | | | | 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 | ROBERT M QUINN | HOLIDAY INN ONTARIO 1249 | ONTARIO | OR | USA | 97914 | |
| MANAGER | JOHN W TITCOMB, JR. | TAPADERA AVE 629 E LAKE SAMMAMISH SRH LN NE | SAMMAMISH | WA | USA | 98074 | |
| 5. Organized Under the Laws of: WA W 36323 | | 6. Annual Report must be signed.* Signature: Barbara E Johnson Name (type or print): Barbara E Johnson Date: 11/24/2015 Title: Controller | | | | | |
| Processed 11/24/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |