No. C 177016	Due no later than Feb 29, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	TOM WOOD			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	240 6TH AVENUE WEST TWIN FALLS ID 83301			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TOM'S TRANSMISSION CITY, INC. TOM C WOOD 240 6TH AVENUE WEST	3. New Registered Agent Signature:*			
	TWIN FALLS ID 83301				
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR TOM C W	OOD 240 6TH AVE	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: tom wood	Date: 12/22/2015			
C 177016	Name (type or print): tom wood	Title: officer			
Processed 12/22/2015	* Electronically provided signatures are accepted as original signatures.				