

No. W 41213	Reinstatement Annual Report Form ADMIN DISSOLVED 10/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) JESS MOSQUEDA 29148 N CARIBOU AVE ATHOL ID 83801	
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  TAM ENTERPRISE, LLC JESS MOSQUEDA PO BOX 807 ATHOL ID 83801		3. New Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
Manager Jess Mosqueda PO Box 807 Athol ID 83801 USA				
5. Organized Under the Laws of:	6.			
IDAHO W 41213	Signature: <u>Jess Mosqueda</u> Date: <u>1-12-10</u> Name (type or print): <u>Jess Mosqueda</u> Title: <u>Manager</u>			
Issued 11/23/2009 by LJM				

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1:** Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a **new** registered agent must sign in Block 3.

**Block 4:** Enter names and business addresses of management. **Note:** **Do not put "same as last year" or "same as above". These will not be accepted.**

**Block 5:** May not be altered through the use of this form.

**Block 6:** The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.