

No. W 116371		Due no later than Aug 31, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TAMRAK CENTER LIMITED LIABILITY COMPANY BILL OLMO 27916 HWY 57 PRIEST LAKE ID 83856		BILL OLMO 27916 HWY 57 PRIEST LAKE ID 83856			
NO FILING FEE IF RECEIVED BY DUE DATE				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	WILLIAM J OLMO	27914 HIGHWAY 57		PRIEST LAKE	ID	USA	83856
5. Organized Under the Laws of: ID W 116371		6. Annual Report must be signed.* Signature: Bill Olmo Name (type or print): Bill Olmo Date: 06/10/2014 Title: Owner					
Processed 06/10/2014 * Electronically provided signatures are accepted as original signatures.							