No. W 794	Due no later than Jan 31, 2016 Annual Report Form	Registered Agent and Office (NOT A P.O. BOX) TOM NODZU
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TOMKAT LIMITED LIABILITY COMPANY TOM NODZU 1923 NEZ PERCE BOISE ID 83705	1923 NEZ PERCE BOISE ID 83705
NO FILING FEE IF RECEIVED BY DUE DATE	·	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 Member	Tem Nodem 1923 New Perce Bois	e 10 Ada 83705
Manager Member		
Manager Member		
Manager Member		
5. Organized Under the La	ws of: 6.	
IDAHO	Signature:	Date: 2 - 12 - 115
W 794	Name (type or print):	Title:
	Tom Nodzu	Manager
Issued 02/12/2016 by 1L1		103950

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the