No. W 116371		Due no later than Aug 31, 2013			2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. TAMRAK CENTER LIMITED LIABILITY COMPANY 27916 HWY 57 PRIEST LAKE ID 83856		_	BILL OLMO 27916 HWY 57 PRIEST LAKE ID 83856 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mas and Addresse	s of at least one Member or Manager					
Office Held	Name	mes and Addresse	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:		6. Annual Report must be signed.*						
ID		Signature: William Olmo			Date: 07/12/2013			
W 116371		Name (type or print): William Olmo			Title: Manager			
Processed 07/12/2013 * Electronically provided signatures are accepted as original signatures.								