

|                                                                                                                                                        |                |                                                                           |          |                                                     |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|---------------------------------------------------------------------------|----------|-----------------------------------------------------|------------------|-------------|--|
| No. <b>W 88424</b>                                                                                                                                     |                | <b>Due no later than Nov 30, 2015</b>                                     |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |                  |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b>                                                 |          | DAVID M WEITZ<br>615 WALNUT DR<br>CALDWELL ID 83605 |                  |             |  |
|                                                                                                                                                        |                | <b>1. Mailing Address: Correct in this box if needed.</b>                 |          | 3. <u>New</u> Registered Agent Signature:*          |                  |             |  |
|                                                                                                                                                        |                | TVM DEVELOPMENT, LLC<br>DAVID M WEITZ<br>PO BOX 368<br>CALDWELL ID 83606  |          |                                                     |                  |             |  |
| 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 |  |
| MEMBER                                                                                                                                                 | DAVID M WEITZ  | BOX 368                                                                   | CALDWELL | ID                                                  | USA              | 83606       |  |
| MEMBER                                                                                                                                                 | JOHN R TAVARES | BOX 368                                                                   | CALDWELL | ID                                                  | USA              | 83606       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                         |          |                                                     |                  |             |  |
| <b>ID<br/>W 88424</b>                                                                                                                                  |                | Signature: David M Weitz                                                  |          |                                                     | Date: 09/17/2015 |             |  |
|                                                                                                                                                        |                | Name (type or print): David M Weitz                                       |          |                                                     | Title: member    |             |  |
| Processed 09/17/2015                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures. |          |                                                     |                  |             |  |