No. W 115164 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Due no later than Jun 30, 2013	2. Registered Agent and Address (NO PO BOX)			
		Annual Report Form 1. Mailing Address: Correct in this box if needed. TL SHAVER, LLC TORI SHAVER 235 S 4TH AVE POCATELLO ID 83201	TORI SHAVER 235 S 4TH AVE POCATELLO ID 83201 3. New Registered Agent Signature:*			
4. Limited Liability Compar	nies: Enter Nam	nes and Addresses of at least one Member or Manager.				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MEMBER MANAGER	LORRI SHAVE		POCATELLO POCATELLO	ID ID	USA USA	83201 83201
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Tori Shaver	Date: 04/29/2013			
W 115164		Name (type or print): Tori Shaver	Title: President			
Processed 04/29/2013	29/2013 * Electronically provided signatures are accepted as original signatures.					