

|  |   |   |  |       |         |             |
|--|---|---|--|-------|---------|-------------|
| No. <b>W 16845</b>   | <b>Due no later than Oct 31, 2009</b><br><b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b><br>TLB, L.L.C.<br>THOMAS L BUXTON<br>2898 EAST 800 NORTH<br>ROBERTS ID 83444<br>USA |   | THOMAS L BUXTON<br>2898 EAST 800 NORTH<br>ROBERTS ID 83444 |       |         |             |
|  |   |   | 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 |
| MEMBER   | THOMAS L BUXTON   | 2898 EAST 800 NORTH   | ROBERTS  | ID    | USA     | 83444       |
| MEMBER   | LIANNE L BUXTON   | 2898 EAST 800 NORTH   | ROBERTS  | ID    | USA     | 83444       |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 16845</b>   | 6. Annual Report must be signed.*<br>Signature: Thomas L. Buxton<br>Name (type or print): Thomas L. Buxton                                    |   | Date: 11/09/2009<br>Title: Owner                           |       |         |             |
| Processed 11/09/2009   |   | * Electronically provided signatures are accepted as original signatures. |  |       |         |             |