

No. W 89628		Due no later than Jan 31, 2013 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TTB, LLC APRIL MCQUEEN 1917 JULIE LN TWIN FALLS ID 83301		TODD OSTROM 3413 SAGE SPRINGS RD KIMBERLY ID 83341			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name TODD OSTROM	Street or PO Address 3413 SAGE SPRINGS RD		City KIMBERLY	State ID	Country USA	Postal Code 83341
5. Organized Under the Laws of: ID W 89628		6. Annual Report must be signed.* Signature: April McQueen Name (type or print): April McQueen Date: 01/28/2013 Title: Member					
Processed 01/28/2013 * Electronically provided signatures are accepted as original signatures.							