

No. W 141857	Due no later than Sep 30, 2018 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. TKO CLAMPING SYSTEMS, LLC STAN CALDWELL 20 TRAIL CREEK RD POCATELLO ID 83204		STAN CALDWELL 20 TRAIL CREEK RD POCATELLO ID 83204			
			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
MANAGER	TIMOTHY MAGAGNA	845 BARTON RD # 106	POCATELLO	ID	USA	83204
MANAGER	STAN CALDWELL	20 TRAIL CREEK RD	POCATELLO	ID	USA	83204
5. Organized Under the Laws of: ID W 141857	6. Annual Report must be signed.* Signature: Tim Magagna Name (type or print): Tim Magagna		Date: 08/06/2018 Title: Partner			
Processed 08/06/2018		* Electronically provided signatures are accepted as original signatures.				