

No. W 45379		Due no later than Dec 31, 2009 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL PIERCE 110 MCKINLEY AVE KELLOGG ID 83837		
Return to:  SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1. Mailing Address: Correct in this box if needed. TWIN CITY FURNITURE, LLC  PO BOX 629 KELLOGG ID 83837		3. New Registered Agent Signature.		
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. Office Held Name Street or PO Address City State Country Postal Code MEMBER MICHAEL PIERCE Box 629 KELLOGG ID USA 83837 MEMBER BERNICE PIERCE Box 974 KELLOGG ID USA 83837						
5. Organized Under the Laws of:  IDAHO W 45379		6. Signature: <u>Clay L Lee</u> Date: <u>11/21/9</u> Name (type or print): <u>MICHAEL PIERCE</u> Title: <u>MGR</u>				
Issued 10/23/2009 by CLH 200912008558						

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Rule 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the**