

|                                                                                                                                                        |                   |                                                                                                                                                                          |         |                                                         |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|---------------------------------------------------------|---------|-------------|--|
| No. <b>W 75034</b>                                                                                                                                     |                   | <b>Due no later than Jun 30, 2009</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TYMECO, LLC<br>TYRELL T TEEPLES<br>2269 ROBISON DR<br>REXBURG ID 83440 |         | TYRELL T TEEPLES<br>2269 ROBISON DR<br>REXBURG ID 83440 |         |             |  |
|                                                                                                                                                        |                   |                                                                                                                                                                          |         | 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                                                                                                                                                 | TYRELL T TEEPLES  | 2269 ROBISON DR                                                                                                                                                          | REXBURG | ID                                                      | USA     | 83440       |  |
| MEMBER                                                                                                                                                 | MARILYN B TEEPLES | 2269 ROBISON DR                                                                                                                                                          | REXBURG | ID                                                      | USA     | 83440       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 75034</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Tyrell Teeples<br>Name (type or print): Tyrell Teeples<br>Date: 06/07/2009<br>Title: Managing Member                     |         |                                                         |         |             |  |
| Processed 06/07/2009                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                |         |                                                         |         |             |  |