

No. <b>W 98017</b>	<b>Due no later than Nov 30, 2011</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  TDM FRANCHISING, LLC DEBORAH MEAD RE: TDM FRANCHISING, LLC 325 BIC DR MILFORD CT 06461-3072 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA			
			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	DAVID S WORROLL	325 BIC DRIVE	MILFORD	CT	USA	06461-3072
5. Organized Under the Laws of:  <b>DE W 98017</b>	6. Annual Report must be signed.* Signature: David S. Worroll Name (type or print): David S. Worroll		Date: 11/08/2011 Title: Manager			
Processed 11/08/2011		* Electronically provided signatures are accepted as original signatures.				