

|  |                      |   |  |  |             |         |                      |
|--|----------------------|---|--|--|-------------|---------|----------------------|
| No. <b>W 23463</b>   |                      | <b>Due no later than Mar 31, 2017</b><br><b>Annual Report Form</b>  |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )                             |             |         |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>TBBD, L.L.C.<br>MELANIE MOORE<br>850 W IRONWOOD DRIVE<br>SUITE 300<br>COEUR D'ALENE ID 83814 |  | JOHN F MAGNUSON<br>1250 N NORTHWOOD CENTER COURT<br>#A<br>COEUR D'ALENE ID 83814 |             |         |                      |
| <b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b>   |                      |   |  | 3. <u>New</u> Registered Agent Signature:*                                       |             |         |                      |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.       |                      |   |  |  |             |         |                      |
| Office Held<br>MANAGER   | Name<br>BRET A DIRKS | Street or PO Address<br>850 W IRONWOOD DRIVE SUITE 300  |  | City<br>COEUR D'ALENE  | State<br>ID | Country | Postal Code<br>83814 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 23463</b>                                 |                      | 6. Annual Report must be signed.*<br><br>Signature: Melanie Moore<br>Name (type or print): Melanie Moore<br><br>Date: 02/15/2017<br>Title: Bookkeeper         |  |  |             |         |                      |
| Processed 02/15/2017 * Electronically provided signatures are accepted as original signatures.     |                      |   |  |  |             |         |                      |