No. <b>W 5471</b> Return to:		Due no later than Feb 29, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  TIMP, LLC RILEY J. HICKS 3905 WASHINGTON PARKWAY IDAHO FALLS ID 83404 USA			2. Registered Agent and Address (NO PO BOX) RILEY J. HICKS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				486 CRANBROOK LANE IDAHO FALLS ID 83404  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	RILEY J. HICKS		3905 WASHINGTON PARKWAY	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Riley J Hicks DDS		Date: 01/12/2016				
W 5471		Name (type or p	Title: Manager					
Processed 01/12/2016	Processed 01/12/2016 * Electronically provided signatures are accepted as original signatures.							