| No. W 116371 | | Due no later than Aug 31, 2018 | | 2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------------------|---|--------------------------------------|---|---|-------|---------|-------------|
| Return to: | | Annual Report Form | | | BILL OLMO 27916 HWY 57 | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. TAMRAK CENTER LIMITED LIABILITY COMPANY BILL OLMO 27916 HWY 57 PRIEST LAKE ID 83856 | | | PRIEST LAKE ID 83856 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Compar | nies: Enter Nar | mes and Addresses | s of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER | MANAGER WILLIAM J OLMO | | 27914 HIGHWAY 57 | | PRIEST LAKE | ID | USA | 83856 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Bill Olmo | | | Date: 06/18/2018 | | | |
| W 116371 | | Name (type or print): Bill Olmo | | | Title: President | | | |
| Processed 06/18/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |