

No. <b>W 173451</b>	<b>Due no later than Oct 31, 2017</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>		JOSEPHINE CAMPOMANES 870 MORNING SUN DR TWIN FALLS ID 83301			
	T&J HOSPITALITY, LLC JOSEPHINE CAMPOMANES 870 MORNING SUN DR TWIN FALLS ID 83301 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
MEMBER	TERESITA P CABE	2078 ELMORE ST	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:  <b>ID</b> <b>W 173451</b>		6. Annual Report must be signed.* Signature: Josephine Campomanes Name (type or print): Josephine Campomanes Date: 11/19/2017 Title: Member/Owner				
Processed 11/19/2017		* Electronically provided signatures are accepted as original signatures.				