No. W 31495		Due no l	2.	2. Registered Agent and Address (NO PO BOX)					
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. T & C FAMILY, L.L.C. S STAM 4547 W SELTICE WAY COEUR D ALENE ID 83814			TODD R STAM 4547 W SELTICE WAY COEUR D'ALENE ID 83814 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.									
Office Held Na	Name		Street or PO Address	(City	State	Country	Postal Code	
	ODD R STAM ARY B SIMONDS		PO BOX 3536 123 W FRANCIS AVE		POST FALLS SPOKANE	ID WA	USA USA	83877 99205	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID		Signature: Shai Workman			Date: 08/11/2009				
W 31495		Name (type or print): Shai Workman			Title: Office Manager				
Processed 08/11/2009	ocessed 08/11/2009 * Electronically provided signatures are accepted as original signatures.								