

No. W 112219		Due no later than Mar 31, 2013		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. TUFFLIFT, LLC TIMOTHY RAY VOLKING PO BOX 1690 HAYDEN ID 83835 USA		STEPHEN B MCCREA 608 NORTHWEST BLVD STE 101 COEUR D ALENE ID 83814	
				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	TIM VOLKING	5113 SHORE COVE	POST FALLS	ID	USA 83835
5. Organized Under the Laws of: ID W 112219		6. Annual Report must be signed.* Signature: Tim Volking Name (type or print): Tim Volking Date: 01/31/2013 Title: President			
Processed 01/31/2013		* Electronically provided signatures are accepted as original signatures.			