

No. W 138403		Due no later than May 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TEC INSURANCE LLC TIM NELSON 2062 S TRAVERTINE WAY BOISE ID 83712		TIM NELSON 1332 E MAIN ST MERIDIAN 83642			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name TIM NELSON	Street or PO Address 2062 S TRAVERTINE WAY		City BOISE	State ID	Country USA	Postal Code 83712
5. Organized Under the Laws of: ID W 138403		6. Annual Report must be signed.* Signature: Tim Nelson Name (type or print): Tim Nelson Date: 03/26/2015 Title: Owner					
Processed 03/26/2015 * Electronically provided signatures are accepted as original signatures.							