No. W 101701	Due no later than Mar 31, 2018	2. Registered Agent and Address (NO PO BOX)
Return to:	Annual Report Form	TONYA L CLIFFORD
SECRETARY OF STATE	1. Mailing Address: Correct in this box if n	needed. 600 HWY 93 SOUTH CHALLIS ID 83226
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TLC VILLAGE SQUARE, L.L.C. TONYA L CLIFFORD PO BOX 70	GIVILLO ID 65226
	CHALLIS ID 83226	3. <u>New</u> Registered Agent Signature:*
NO FILING FEE IF RECEIVED BY DUE DATE		
4. Limited Liability Companies: Enter Na	mes and Addresses of at least one Member or Mana	nager.
Office Held Name	Street or PO Address	City State Country Postal Code
MANAGER TONYA L C	LIFFORD P.O. BOX 70	CHALLIS ID USA 83226
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Tonya Clifford	Date: 03/27/2018
W 101701	Name (type or print): Tonya Clifford	Title: owner
Processed 03/27/2018 * Electronically provided signatures are accepted as original signatures.		