No. **W 45379**	**Due no later than Dec 31, 2011** **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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** TWIN CITY FURNITURE, LLC MICHAEL G PIERCE PO BOX 629 KELLOGG ID 83837	MICHAEL PIERCE 110 MCKINLEY AVE KELLOGG ID 83837 3. New 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
MANAGER	MICHAEL PIERCE	PO BOX 629	KELLOGG	ID	USA	83837

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 45379**	Signature: Michael Pierce	Date: 01/16/2012
	Name (type or print): Michael Pierce	Title: Manager

Processed 01/16/2012

* Electronically provided signatures are accepted as original signatures.