FILED EFFECTIVE

No. W 28254	Reinstatement Annual Report Form ADMIN DISSOLVED 04/10/2006	2. Registered Agent and Office (NOT A P.O. Box) SHAUN MAHONEY 304 S 8TH ST BELLEVUE ID 83313
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TM FINE, LLC<br~~PO BOX 3943~~ 104 S Main<br~~KETCHEM ID 83340~~ Bellevue, ID 83313	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
Manager	Timothy C Mahoney	395 Cretin Ave S.	ST. Paul	MN		55104

2008 JAN 14 PM 1:23
SECRETARY OF STATE
STATE OF IDAHO

5. Organized Under the Laws of:	6.
IDAHO W 28254	Signature: Timothy C Mahoney Date: 1/14/08 Name (type or print): Timothy C. Mahoney Title: Manager

Issued 01/14/2008 by CLH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Parcel Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. Note: Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.