No. W 112219		Due no later than Mar 31, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. TUFFLIFT, LLC TIMOTHY RAY VOLKING 9750 WEST GALLOP LANE POST FALLS ID 83854	STEPHEN B MCCREA 608 NORTHWEST BLVD STE 101 COEUR D ALENE ID 83814 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		nes and Addresses of at least one Member or Manager.				
200 90 0	me	Street or PO Address	City	State	Country	Postal Code
MEMBER TIM VOLKIN		9752 WEST GALLOP LN	POST FALLS	ID	USA	83854
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: 01/21/2016 Title: PRESIDENT			
Processed 01/21/2016 * Electronically provided signatures are accepted as original signatures.						