

No. W 114241	Due no later than May 31, 2018 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. TCDOE, LLC 950 HOSPITAL WAY STE B POCATELLO ID 83201	DAVE BAGLEY 201 E CENTER ST POCATELLO ID 83201				
		3. <u>New</u> 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
MEMBER	BRYCE LARSEN	950 HOSPITAL WAY STE B	POCATELLO	ID	USA	83201
5. Organized Under the Laws of: ID W 114241	6. Annual Report must be signed.* Signature: Bryce Larsen Name (type or print): Bryce Larsen		Date: 03/21/2018 Title: Owner			
Processed 03/21/2018		* Electronically provided signatures are accepted as original signatures.				