No. W 29818	Due no later than Apr 30, 2018		2. Regist	2. Registered Agent and Address (NO PO BOX)			
Return to: Anr		ual Report Form		KEITH WEEKS			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.			4280 E AMITY SUITE 103			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TCD LIMITED, LLC MICHELLE ELIZONDO 4280 E AMITY SUITE 103 NAMPA ID 83687			NAMPA ID 83687 3. New Registered Agent Signature:*			
			3. <u>New</u> R				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter N	ames and Addresses of a	it least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	TED LIABILITY CO	5116 W EMERALD STE A	BOISE	ID	G 20270	83706	
MEMBER TCSS, LLC		4280 E. AMITY STE 103	NAMPA	ID	USA	83687	
5. Organized Under the Laws of: 6. Annual Repor		must be signed.*					
ID	Signature: michelle elizondo			Date: 04/26/2018			
W 29818	Name (type or print): michelle elizondo			Title: Payroll			
Processed 04/26/2018	* Electronically provided signatures are accepted as original signatures.						