

|                                                                                                                                                        |                   |                                                                                                                                                                                      |             |                                                     |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------------------------------------------------|---------------------|
| No. <b>W 23470</b>                                                                                                                                     |                   | <b>Due no later than Mar 31, 2015</b>                                                                                                                                                |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>T & L DEVELOPMENT, LLC<br>JEFF T LINDSLEY<br>113 E MAIN ST<br>GRANGEVILLE ID 83530 |             | JEFF LINDSLEY<br>113 E MAIN ST<br>GRANGEVILLE 83530 |                     |
|                                                                                                                                                        |                   |                                                                                                                                                                                      |             | 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                                                                                                                                                 | KEVIN C TOMLINSON | 204 S BLVD                                                                                                                                                                           | GRANGEVILLE | ID                                                  | 83530               |
| MEMBER                                                                                                                                                 | JEFF T LINDSLEY   | 113 E MAIN ST                                                                                                                                                                        | GRANGEVILLE | ID                                                  | 83530               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 23470</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Jeff Lindsley<br>Name (type or print): Jeff Lindsley<br>Date: 01/20/2015<br>Title: Member                                            |             |                                                     |                     |
| Processed 01/20/2015                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                            |             |                                                     |                     |