No. W 64641		Due no later than Jul 31, 2009		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			THOMAS MANSKE			
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. TDL L.L.C. THOMAS MANSKE 1309 CITY CREEK RD POCATELLO ID 83204 USA		POCATELLO	1309 CITY CREEK RD POCATELLO ID 83204 3. New Registered Agent Signature:*			
				or <u>rest</u> Register				
Limited Liability Comp	anies: Enter Na	mes and Addres	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
Manager Manager			1309 CITY CREEK RD 1309 CITY CREEK RD	POCATELLO POCATELLO	ID ID	USA USA	83204 83204	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 64641		Signature:	Гhomas Manske		Date: 07/19/2009			
		Name (type	or print): Thomas Manske		Title: Manager			
Processed 07/19/2009		* Electronically	provided signatures are accepted as original	al signatures.				