

No. W 62388		Due no later than May 31, 2016		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. TC MED LLC CHRIS ROSE 6138 W CLINTON BOISE ID 83704		CHRISTOPHER ROSE 6138 W CLINTON BOISE ID 83704			
						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	
MANAGER	CHRISTOPHER ROSE	600 N CURTIS RD STE 102	BOISE	ID		83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 62388		Signature: Christopher W Rose				Date: 05/18/2016	
		Name (type or print): Christopher W Rose				Title: PRESIDENT	
Processed 05/18/2016		* Electronically provided signatures are accepted as original signatures.					