No. **W 50411**	**Due no later than May 31, 2013** **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.** T L P, LLC ILENE JOHNSON 930 N COLE RD BOISE ID 83704	ILENE JOHNSON 7147 CASCADE DR BOISE ID 83704 3. New 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	ILENE JOHNSON	7147 CASCADE DR	BOISE	ID	USA	83704
MEMBER	ILENE JOHNSON	930 N COLE RD	BOISE	ID	USA	83704

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 50411**	Signature: Ilene Johnson	Date: 04/26/2013
	Name (type or print): Ilene Johnson	Title: Member

Processed 04/26/2013

* Electronically provided signatures are accepted as original signatures.