




No. W 11348	Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) DAVID BRUBAKER 830 N SPOKANE POST FALLS ID 83854																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TLDC HOLDING, L.L.C. DAVID BRUBAKER 830 N SPOKANE POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>DAVID BRUBAKER</td> <td>452 S. MCQUIRE RD</td> <td>POST FALLS ID</td> <td>USA</td> <td></td> <td>83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>CYNDE BRUBAKER</td> <td>452 S MCQUIRE RD</td> <td>POST FALLS ID</td> <td>USA</td> <td></td> <td>83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>THOMAS CULHANE</td> <td>14809 SPRINGFORD DR.</td> <td>LAMIRADA CA</td> <td>USA</td> <td></td> <td>90638</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>LYNDA CULHANE</td> <td>103 E 9TH AVE</td> <td>POST FALLS ID</td> <td>USA</td> <td></td> <td>83854</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	DAVID BRUBAKER	452 S. MCQUIRE RD	POST FALLS ID	USA		83854	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	CYNDE BRUBAKER	452 S MCQUIRE RD	POST FALLS ID	USA		83854	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	THOMAS CULHANE	14809 SPRINGFORD DR.	LAMIRADA CA	USA		90638	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LYNDA CULHANE	103 E 9TH AVE	POST FALLS ID	USA		83854
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; margin-top: 20px;"> IDAHO W 11348 </div>	6. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%;"> Date: <u>8-21-16</u> </td> </tr> <tr> <td> Name (type or print): <u>DAVID BRUBAKER</u> </td> <td> Title: <u>PRESIDENT</u> </td> </tr> </table>			Signature: 	Date: <u>8-21-16</u>	Name (type or print): <u>DAVID BRUBAKER</u>	Title: <u>PRESIDENT</u>																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM