No. <b>W 90526</b>		Due	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		MARIA GOLPHENEE 389 UPLAND DR SANDPOINT 83864  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  TMR LAKESHORE, LLC  TERESA A RANCOURT  247 GROUSE CREEK CUTOFF ROAD  SANDPOINT ID 83864					
NO FILING FEE IF RECEIVED BY DUE DATE		USA		5. Item registered right Signature.			
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	s of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER MEMBER	TERESA A I MICHAEL R		247 GROUSE CREEK CUTOFF ROAD 247 GROUSE CREEK CUTOFF ROAD	SANDPOINT SANDPOINT	ID ID	USA USA	83864 83864
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 90526		Signature: Ter	Date: 02/25/2015				
		Name (type or	Title: Member				
Processed 02/25/2015 * Electronically provided signatures are accepted as original signatures.							