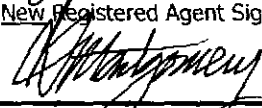



No. W 80054	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016		2. Registered Agent and Office (NOT A P.O. BOX) MATT MONTGOMERY 13965 W CHINDEN BLVD, STE 210 BOISE ID 83713 <i>Gary L. Montgomery</i> <i>634 W. Fordham Dr.</i> <i>Eagle, ID 83616</i>																																			
Return to: 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. TYM, LLC MATT MONTGOMERY 13965 W CHINDEN BLVD, STE 210 BOISE ID 83713 <i>634 W. Fordham Dr.</i> <i>Eagle, ID 83616</i>		3. <u>New</u> Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Matt Montgomery</td> <td>5052 Woodsmere Ln.</td> <td>Herriman,</td> <td>UT</td> <td></td> <td>84096</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Greg Montgomery</td> <td>5052 Woodsmere Ln.</td> <td>Herriman,</td> <td>UT</td> <td></td> <td>84096</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Scott Montgomery</td> <td>10517 S. Kestrel Rise Rd</td> <td>South Jordan,</td> <td>UT</td> <td></td> <td>84009</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Gary Montgomery</td> <td>634 W. Fordham Dr.</td> <td>Eagle,</td> <td>ID</td> <td></td> <td>83616</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Matt Montgomery	5052 Woodsmere Ln.	Herriman,	UT		84096	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Greg Montgomery	5052 Woodsmere Ln.	Herriman,	UT		84096	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Scott Montgomery	10517 S. Kestrel Rise Rd	South Jordan,	UT		84009	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Gary Montgomery	634 W. Fordham Dr.	Eagle,	ID		83616
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Matt Montgomery	5052 Woodsmere Ln.	Herriman,	UT		84096																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Greg Montgomery	5052 Woodsmere Ln.	Herriman,	UT		84096																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Scott Montgomery	10517 S. Kestrel Rise Rd	South Jordan,	UT		84009																																
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Gary Montgomery	634 W. Fordham Dr.	Eagle,	ID		83616																																
5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 80054 </div>		6. Signature:  <hr/> Name (type or print): <i>Gary L. Montgomery</i> <hr/> <div style="float: right;"> Date: <i>4/28/2016</i> <hr/> Title: <i>Member</i> <hr/> </div>																																				
Issued 04/27/2016 by online																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM