No. W 138403		Due no later than May 31, 2017	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. TEC INSURANCE LLC TIM NELSON 2062 S TRAVERTINE WAY	1332 E MA MERIDIAN	TIM NELSON 1332 E MAIN ST MERIDIAN ID 83642 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		BOISE ID 83712 mes and Addresses of at least one Member or Manager.	J. <u>INEW</u> Regis	tered Agent 31	gnature.		
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER TIM NELSON		N 2062 S TRAVERTINE WAY	BOISE	ID	USA	83712	
5. Organized Under the Laws of: ID W 138403		6. Annual Report must be signed.* Signature: Tim Nelson Name (type or print): Tim Nelson	Date: 03/20/2017 Title: Owner				
Processed 03/20/2017 * Electronically provided signatures are accepted as original signatures.							