

No. W 115164		Due no later than Jun 30, 2017 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		1. Mailing Address: Correct in this box if needed. TL SHAVER, LLC TORI SHAVER 235 S 4TH AVE POCATELLO ID 83201-6438		TORI SHAVER 235 S 4TH AVE POCATELLO ID 83201-6438			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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 MANAGER	LORRI SHAVER TORI SHAVER	235 S 4TH AVE 235 S 4TH AVE	POCATELLO POCATELLO	ID ID	USA USA	83201-6438 83201-6438	
5. Organized Under the Laws of: ID W 115164		6. Annual Report must be signed.* Signature: Tori Shaver Name (type or print): Tori Shaver Date: 05/01/2017 Title: President					
Processed 05/01/2017 * Electronically provided signatures are accepted as original signatures.							