

No. W 794	Due no later than Jan 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) TOM NODZU 1923 NEZ PERCE BOISE ID 83705
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. TOMKAT LIMITED LIABILITY COMPANY TOM NODZU 1923 NEZ PERCE BOISE ID 83705		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Tom Nodzu	1923 Nez Perce	Boise	ID	707	83705
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO W 794</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"> Signature: </td> <td style="width: 50%;"> Date: <div style="text-align: right;">12-10-14</div> </td> </tr> <tr> <td> Name (type or print): <div style="text-align: center;">Tom Nodzu</div> </td> <td> Title: <div style="text-align: right;">12-10-14</div> </td> </tr> </table>	Signature: 	Date: <div style="text-align: right;">12-10-14</div>	Name (type or print): <div style="text-align: center;">Tom Nodzu</div>	Title: <div style="text-align: right;">12-10-14</div>
Signature: 	Date: <div style="text-align: right;">12-10-14</div>				
Name (type or print): <div style="text-align: center;">Tom Nodzu</div>	Title: <div style="text-align: right;">12-10-14</div>				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the