



Idaho Limited Liability Company Annual Report Form

File online at: sos.idaho.gov

Due no later than: 05/31/2019

Return completed form within 30 days to:

Idaho Secretary of State

Attn: Annual Reports

450 North 4th Street

Boise, ID 83720

Phone: (208) 334-2300

Annual Report: No filing fee if received by the due date.

SOS Control Number: 162903

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 05/05/2006

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

T L P, LLC

950 N COLE RD

BOISE, ID 83704

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

ILENE JOHNSON

7147 CASCADE DR

BOISE, ID 83704

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input checked="" type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	ILENE JOHNSON	7147 CASCADE DR	BOISE, ID 83704
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	VAL WAROLE	5 HAPPY HOLLOW	GARDEN VALLEY ID
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	WARDA COMBS	1205 E. LAKE HAZEL	MERIDIAN ID 83622
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	KATHY CLANCY	1205 E. LAKE HAZEL	MERIDIAN ID 83642
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	DELORES POLLIE	12087 N HUMPHREYS WAY	BOISE ID 83714
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	NORENE SHADEL	410 E. EDGAR	MERIDIAN ID 83642
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Ilene Johnson

(6) Date:

7/31/19

(7) Type/Print Name:

ILENE JOHNSON

(8) Title:

Managing Member

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

B0317-2090 08/14/2019 4:36 PM Received by ID Secretary of State Lawrence Denney