| No. W 33116 | | | Due no later than Sep 30, 2005 | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|--|--|---|---------|-------------|--|
| Return to: | | Annual Report Form | | 10 1000000000 ACCORDON NO ACCO | RALPH R TEETER 11986 W SHETLAND CT BOISE ID 83709 0000 3. New Registered Agent Signature:* | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. TOTAL DREAM CONCEPTS, LLC RALPH R TEETER 9509 W HACKAMORE DR BOISE ID 83709 0000 | | BOISE ID | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | BOISE ID 6 | 55709 0000 | J. <u>New</u> Regist | 3. <u>1.c.v.</u> Registered rigent signature. | | | |
| 4. Limited Liability Companies | : Enter Nar | nes and Addres | ses of at least one Member or Manager. | | | | | |
| Office Held Na | ame | | Street or PO Address | City | State | Country | Postal Code | |
| | RALPH R TEETER | | 9509 W HACKAMORE DR | BOISE | ID | | 83709 | |
| MANAGER SA | ARAH L TE | ETER | 9509 W HACKAMORE DR | BOISE | ID | | 83709 | |
| 5. Organized Under the Laws of: | | 6. Annual Repo | ort must be signed.* | | | | | |
| IDAHO W 33116 | | Signature: SARAH L. TEETER Date: 11/17/2005 | | | | | | |
| | | Name (type | or print): SARAH L. TEETER | | Title: MANAGER | | | |
| Processed 11/17/2005 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |