No. W 34686	Reinstatement Annual Report Form ADMIN DISSOLVED 02/08/2011	2. Registered Agent and Office (NOT A P.O. BOX)
Return to:		CHERYL A TELOW
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TNC ENTERPRISES, LLC CHERYL A TELOW 3262 E 2ND AVE POST FALLS ID 83854 USA	3262 E 2ND AVE POST FALLS ID 83854
REINSTATEMENT FEE		3. New Registered Agent Signature.
DUE: \$30.00		
	Companies: Enter Names and Addresses of Mana	gers OR Members. See Instructions.
4. Limited Liability Manager or Member	Name Street or PO Address C	ity State Country Postal Code
4. Limited Liability Manager or Member Menager Member XX	Name Street or PO Address C	ity State Country Postal Code
4. Limited Liability Manager or Member Menager Member XX	Name Street or PO Address C	ity State Country Postal Code 41e PF ID USA 8385
4. Limited Liability Manager or Member Menager Member XX	Name Street or PO Address C	ity State Country Postal Code 41e PF ID USA 8385
4. Limited Liability Manager or Member Menager Member Manager Member	Name Street or PO Address C	ity State Country Postal Code
4. Limited Liability Manager or Member Manager Member Manager Member Manager Member Manager Member	Name Street or PO Address Convery ATE low 3262 Early E	ity State Country Postal Code 40e PF ID USA 8385 e PF ID USA 8385
4. Limited Liability Manager or Member Manager Member Manager Member Manager Member Manager Member Manager Member	Name Street or PO Address C Theryl ATElow 3262 Earl Au Edd ETelow 3262 Earl Au	ity State Country Postal Code

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM