

No. <b>W 11348</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/29/2018</b>  <b>1. Mailing Address: Correct in this box if needed.</b> TLDC HOLDING, L.L.C. DAVID BRUBAKER 830 N SPOKANE POST FALLS ID 83854		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> DAVID BRUBAKER 830 N SPOKANE POST FALLS ID 83854  <b>3. New Registered Agent Signature.</b>																																		
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>David Brubaker</td> <td>452 S. Mcguire Rd.</td> <td>Post Falls, Id.</td> <td></td> <td></td> <td>83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Cyndi Brubaker</td> <td>452 S. Mcguire Rd.</td> <td>Post Falls, Id.</td> <td></td> <td></td> <td>83854</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Thomas Culhane</td> <td>14809 Sprungford Dr.</td> <td>La Mirada Calif.</td> <td></td> <td></td> <td>90638</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	David Brubaker	452 S. Mcguire Rd.	Post Falls, Id.			83854	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Cyndi Brubaker	452 S. Mcguire Rd.	Post Falls, Id.			83854	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Thomas Culhane	14809 Sprungford Dr.	La Mirada Calif.			90638	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <b>IDAHO</b> <b>W 11348</b>	<b>6.</b> Signature: <u>Cyndi Brubaker</u> Date: <u>July 17, 2018</u> Name (type or print): <u>CYNDI BRUBAKER</u> Title: <u>member</u>																																				

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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 correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.