

No. <b>W 148066</b>		<b>Due no later than Feb 28, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  TS4 LLC TIM SPAGNOLETTI 10626 FLORENCE DR BOISE ID 83713		TIM SPAGNOLETTI 10626 FLORENCE DR BOISE ID 83713-8371			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name TIM SPAGNOLETTI	Street or PO Address 10626 FLORENCE DR.		City BOISE	State ID	Country USA	Postal Code 83713
5. Organized Under the Laws of:  <b>ID</b> <b>W 148066</b>		6. Annual Report must be signed.*  Signature: TIM SPAGNOLETTI Name (type or print): TIM SPAGNOLETTI  Date: 01/26/2017 Title: MANAGER					
Processed 01/26/2017 * Electronically provided signatures are accepted as original signatures.							