No. W 68832		Due no later than Nov 30, 2014		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		TRAVIS /	TRAVIS ARAVE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TFA DISTRIBUTION, LLC TRAVIS Arave 2453 EAGLE DRIVE APT 201 AMMON ID 83406 USA		AMMON	2453 EAGLE DRIVE APT 201 AMMON 83406-8340 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Com	npanies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	ANAGER TRAVIS ARAVE		2453 EAGLE DRIVE #201	AMMON	ID		83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Travis Arave			Date: 12/16/2014			
W 68832		Name (type or print):		Title: Manager				
Processed 12/16/2014 * Electronically provided signatures are accepted as original signatures.								