No. **W 76943**	**Due no later than Aug 31, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** TECORIS MANAGEMENT GROUP, LLC ALLAN WEBB PO BOX 206 MACKS INN ID 83433	ALLAN WEBB 4108 STRONG AVE MACKS INN ID 83433 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	ALLAN WEBB	4108 STRONG AVE. P.O. BOX 206	MACKS INN	ID	USA	83433

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 76943**	Signature: Allan Webb Name (type or print): Allan Webb	Date: 07/09/2014 Title: Manager

Processed 07/09/2014

* Electronically provided signatures are accepted as original signatures.