No. <b>W 5193</b>		Due no later than Dec 31, 2016 Annual Report Form  1. Mailing Address: Correct in this box if needed.  TMS, LLC CYNTHIA K ECKMAN 12783A W. LASALLE ST. BOISE ID 83713		2. Registered A	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				12783A W. L BOISE ID 8	RANDALL G ECKMAN 12783A W. LASALLE ST. BOISE ID 83713  3. New Registered Agent Signature:*			
4. Limited Liability Compan	ies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER	RANDALL G CYNTHIA K		29 WHITMAN LANE 29 WHITMAN LANE	GARDEN VALL GARDEN VALL			83622 83622	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Cynthia Eckman			Date: 10/27/2016			
W 5193		Name (type or		Title: CFO				
Processed 10/27/2016	* Electronically provided signatures are accepted as original signatures.							