

FILED EFFECTIVE

No. W 91231	Reinstatement Annual Report Form ADMIN DISSOLVED 06/14/2011		2. Registered Agent and Office (NOT A P.O. BOX) TIFFANY MAUREEN WHEELER 2205 S MY AVE 2909 CANAL ST BOISE ID 83706 #101 <div style="text-align: right;">BOISE ID 83705</div>	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TMW CONSULTING, LLC <div style="display: flex; align-items: center;"> <div style="text-align: center;"> PO BOX 5871 BOISE ID 83705 </div> <div style="margin-left: 20px;"> 2909 CANAL ST #101 BOISE ID 83705 </div> </div>		3. <u>New</u> Registered Agent Signature.	

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
(C)	TIFFANY WHEELER	2909 CANAL ST #101	BOISE	ID	USA	83705

5. Organized Under the Laws of: <div style="text-align: center; padding: 10px;"> IDAHO W 91231 </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature: <u><i>Tiffany Wheeler</i></u> Name (type or print): <u>TIFFANY WHEELER</u> </div> <div> Date: <u>11/25/11</u> Title: <u>MANAGER</u> </div> </div>
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