No.		Due no later than 5/31/2009 Annual Report Form	2. Registered Agent and Address (NO PO BOX)
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720	1. Mailing Address: Correct in this box if needed. T. C., INC. 910 HIGHLAND	THOMAS C MORRIS 910 HIGHLAND AVE ST. MARIES ID 83861
	ST. MARIES ID 83861	3. <u>New</u> Registered Agent Signature:	
Corporations: Enter Names and Business Addresses of President, Secretary and Directors. Office Held Name Street or PO Address City State Zip			
Pra	retors: Thomas retors: Thomas Cloia W. Ara		City State Zip 9t. Marie 5 ID 8386/ 9t. Marie 5 ID 8385/ 9t. Marie 5 ID 8386/ 9t. Marie 5 ID 8386/
5. O	rganized Under the Laws of: ID C 83999	Signature: CLoia A. Morris Name(type or print): CLoia A. Morris	Date: 5-4-09 Title: Seaffrees