



State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, Secretary of State
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** \$50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of \$25.00.

1. ID No. 102644		2. Exact name of the limited liability company TCH, LLC			
3. State of Formation UTAH		4. Brief description of the character of the business which is actually conducted in Rhode Island ESTABLISHING, OWNING, OPERATING, MARKETING AND OTHERWISE DEALING WITH A TRUCK STOP CREDIT CLEARINGHOUSE.			
5. Principal office address 1104 COUNTRY HILLS DRIVE		City OGDEN	State UTAH	Zip 84403	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:					
Contact Name EVA JANE C. MARSH		Contact Title ADMINISTRATIVE ASSISTANT / LEGAL DEPT.			
Street Address 1104 COUNTRY HILLS DRIVE		City OGDEN	State UTAH	Zip 84403	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/>					
Manager Name TED D. JONES		Manager Name KARL J. KELLEY			
Street Address 1104 COUNTRY HILLS DRIVE		Street Address 1104 COUNTRY HILLS DRIVE			
City OGDEN	State UTAH	Zip 84403	City OGDEN	State UTAH	Zip 84403
Manager Name CLARK G. GESSEL		Manager Name			
Street Address 1104 COUNTRY HILLS DRIVE		Street Address			
City OGDEN	State UTAH	Zip 84403	City	State	Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11					
Agent Name CORPORATION SERVICE COMPANY			Address		
Address 222 JEFFERSON BOULEVARD, SUITE 200			City WARWICK	Zip 02888-	

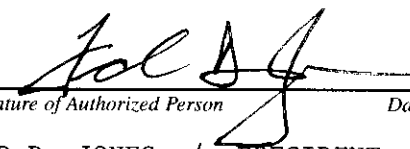
This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

FILED

File Date **OCT 02 2007**
Check No. **By 6431743**
By: _____

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.


Signature of Authorized Person _____ Date **09/27/2007**
TED D. JONES / PRESIDENT
Print or Type Name of Authorized Person