No. W 97016		Due no later than Oct 31, 2014		2. Registered /	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		416 F ONET	VIRGINIA FLIPPENCE 416 F ONFIDA			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TRIDIX DIVERSIFIED L.C. SCOTT FLIPPENCE PO BOX 104 PRESTON ID 83263		PRESTON I	PRESTON ID 83263 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp.	anies: Enter N	ames and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	SCOTT FL	IPPENCE	PO BOX 4802	LOGAN	UT	USA	84323	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 97016		Signature: Sco		Date: 08/18/2014				
		Name (type or		Title: Member				
Processed 08/18/2014	Processed 08/18/2014 * Electronically provided signatures are accepted as original signatures.							