No. <b>C 83112</b>	Due no later than Feb 28, 2010	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	ROSS TRIPLETT 204 HOSPITAL DR OROFINO ID 83544  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  TRIPCO, INC. ROSS TRIPLETT PO BOX 792 OROFINO ID 83544-0792				
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).					
Office Held Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT ROSS A T	RIPLETT PO BOX 792	OROFINO	ID	USA	83544-0792
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID	Signature: Ross Triplett	Date: 01/07/2010			
C 83112	Name (type or print): Ross Triplett	Title: President			
Processed 01/07/2010	* Electronically provided signatures are accepted as original signatures.				