No. <b>W 163614</b>	Du	Due no later than Mar 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form  1. Mailing Address: Correct in this box if needed.  TRIPLE 2 INNOVATIONS LLC  KYLE BOLINE  9509 BIRMINGHAM DR  BOISE ID 83704  USA		KYLE BOLINE 9509 BIRMINGHAM DR BOISE ID 83704  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TRIPLE 2 INNO KYLE BOLINE 9509 BIRMINO						
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Enter	Names and Address	es of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER KYLE SAN	IUEL BOLINE	9509 BIRMINGHAM DR	BOISE	ID	USA	83704-8370	
5. Organized Under the Laws of: 6. Annual Rep		t must be signed.*					
ID	ID Signature: Kyle Boline			Date: 02/08/2017			
W 163614	W 163614 Name (type or print): Kyle Boline		Title: Founder				
Processed 02/08/2017	* Electronically p	* Electronically provided signatures are accepted as original signatures.					