

No. <b>W 96078</b>	Due no later than Sep 30, 2011 <b>Annual Report Form</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) ALLEN MOORE 4899 COUNTRY CLUB DR VICTOR ID 83455
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> TRAIL CREEK REPAIR, LLC ALLEN MOORE PO BOX 316 VICTOR ID 83455		3. <u>New</u> Registered Agent Signature.

**4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.**

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager/Member (circle one)						
	Allen D. Moore	4899 Country Club Drive	Victor	ID		83455
	Sally J. Moore	4899 Country Club Dr.	Victor	ID		83455

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 96078</b> </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">           Signature: <u>Allen D. Moore</u> </td> <td style="width: 30%;">           Date: <u>10/4/11</u> </td> </tr> <tr> <td>           Name (type or print): <u>Allen D. Moore</u> </td> <td>           Title: <u>owner</u> </td> </tr> </table>	Signature: <u>Allen D. Moore</u>	Date: <u>10/4/11</u>	Name (type or print): <u>Allen D. Moore</u>	Title: <u>owner</u>
Signature: <u>Allen D. Moore</u>	Date: <u>10/4/11</u>				
Name (type or print): <u>Allen D. Moore</u>	Title: <u>owner</u>				

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## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.