

|                                                                                                                                                        |                   |                                                                                 |        |                                                        |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------|--------|--------------------------------------------------------|------------------|-------------|--|
| No. <b>W 34596</b>                                                                                                                                     |                   | <b>Due no later than Nov 30, 2012</b>                                           |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>     |                  |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                   | <b>Annual Report Form</b>                                                       |        | L GERARD CONNELLY<br>513 S. LINCOLN<br>MOSCOW ID 83843 |                  |             |  |
|                                                                                                                                                        |                   | <b>1. Mailing Address: Correct in this box if needed.</b>                       |        | 3. <u>New</u> Registered Agent Signature:*             |                  |             |  |
|                                                                                                                                                        |                   | CONNELLY TRI-STATE, LLC<br>GERARD CONNELLY<br>513 S. LINCOLN<br>MOSCOW ID 83843 |        |                                                        |                  |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                   |                                                                                 |        |                                                        |                  |             |  |
| Office Held                                                                                                                                            | Name              | Street or PO Address                                                            | City   | State                                                  | Country          | Postal Code |  |
| MANAGER                                                                                                                                                | L GERARD CONNELLY | 513 S. LINCLON                                                                  | MOSCOW | ID                                                     | USA              | 83843       |  |
| MEMBER                                                                                                                                                 | MARY CONNELLY     | 513 S. LINCOLN                                                                  | MOSCOW | ID                                                     | USA              | 83843       |  |
| 5. Organized Under the Laws of:                                                                                                                        |                   | 6. Annual Report must be signed.*                                               |        |                                                        |                  |             |  |
| <b>ID<br/>W 34596</b>                                                                                                                                  |                   | Signature: Mary Connelly                                                        |        |                                                        | Date: 09/19/2012 |             |  |
|                                                                                                                                                        |                   | Name (type or print): Mary Connelly                                             |        |                                                        | Title: Member    |             |  |
| Processed 09/19/2012                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.       |        |                                                        |                  |             |  |