

No. <b>W 172317</b>		<b>Due no later than Sep 30, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  TRIANGLE SOLUTIONS, LLC TRIANGLE SOLUTIONS LLC PO BOX 1624 POST FALLS ID 83877-1624 USA		SUSAN P WEEKS 1626 LINCOLN WAY COEUR D ALENE ID 83814			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name KEITH P HUTCHESON	Street or PO Address PO BOX 1624		City POST FALLS	State ID	Country USA	Postal Code 83857-1624
5. Organized Under the Laws of:  <b>ID</b> <b>W 172317</b>		6. Annual Report must be signed.*  Signature: Keith Hutcheson Name (type or print): Keith Hutcheson  Date: 08/07/2018 Title: Owner					
Processed 08/07/2018 * Electronically provided signatures are accepted as original signatures.							