

Due no later than September 30, 2008		2. Registered Agent and Office NO PO BOX	
Annual Report Form		CLAUDIA DICK 68 HARBOR VIEW DR SAGLE, ID 83860	
1. Mailing Address - Correct in this box, if applicable		3. New Registered Agent Signature	
No. W 42771 Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		TRINITY AT WILLOW BAY LLC CLAUDIA DICK 68 HARBOR VIEW DR SAGLE, ID 83860	
4. Limited Liability Companies: Enter Names and Addresses of Managers.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
MANAGER	CLAUDIA DICK	68 HARBOR VIEW DR.	SAGLE ID 83860
MEMBER	MELVIN DICK	68 HARBOR VIEW DR.	SAGLE ID 83860
5. Organized Under the Laws of: IDAHO W 42771		6. Signature <u>Claudia Dick</u> Date <u>9/18/08</u> Name (Typed or Printed) <u>CLAUDIA DICK</u> Title <u>MANAGER</u>	
Issued 07/01/2008		200809005997	

Do Not Tape or Staple