| No. W 67093 | | Due no later than Sep 30, 2017 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------|---|---------------------------------------|--|--|---------|-------------|--|
| Return to: | | Annual Report Form | | CONTROL OF THE PROPERTY OF THE | THOMAS GARLOCK | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. TRAIL CREEK CROSSING L.L.C. THOM W GARLOCK 970 W BROADWAY #446 PO BOX 30,000 JACKSON WY 83002 | | DRIGGS II | 65 E HOWARD DRIGGS ID 83422 3. New Registered Agent Signature:* | | | |
| RECEIVED BY DUE DATE | | JACKSON WT 63002 | | | | | | |
| 4. Limited Liability Compa | nies: Enter Na | mes and Address | es of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | THOMAS GA | ARLOCK | 970 W BROADWAY #446 | JACKSON | WY | | 83001 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 67093 | | Signature: Donna Gordon | | Date: : | Date: 11/01/2017 | | | |
| | | Name (type or print): Donna Gordon | | Title: | Title: Accounting Manager | | | |
| Processed 11/01/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |