No. W 50989		Due no later than May 31, 2011		2. Registere	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. TRILOGY GROUP, LLC MICHAEL T KELLER 250 S 5TH 2ND FL BOISE ID 83702		250 S 5T 2ND FLO BOISE II	MICHAEL T KELLER 250 S 5TH ST 2ND FLOOR BOISE ID 83702 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar		mes and Addresses of a	ut laast one Member or Manager					
Office Held	Name	ines and Addresses of a	Street or PO Address	City	State	Country	Postal Code	
MANAGER	MICHAEL T	KELLER	250 S. 5TH. 2ND FLOOR	BOISE	ID	USA	83702	
5. Organized Under the Laws of: ID W 50989		6. Annual Report must be signed.* Signature: Michael T Keller Name (type or print): Michael T Keller			Date: 03/15/2011 Title: Manager			
Processed 03/15/2011 * Electronically provided signatures are accepted as original signatures.								