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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|----------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 72605</b>                                                                                                                                     |                  | <b>Due no later than Mar 31, 2017</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><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TRIPLE G EAST LLC<br>DOROTHY HOWARD GOLDMAN<br>PO BOX 9<br>EAGLE ID 83616-0009<br>USA |       | GIVENS PURSLEY CORPORATE SERVI<br>601 W BANNOCK ST<br>BOISE ID 83702 |         |                  |  |
|                                                                                                                                                        |                  |                                                                                                                                                                                         |       | 3. <u>New</u> Registered Agent Signature:*                           |         |                  |  |
| 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                                                                                                                                                | M HOWARD GOLDMAN | 2340 N BISCAYNE PL                                                                                                                                                                      | EAGLE | ID                                                                   | USA     | 83616            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                                                       |       |                                                                      |         |                  |  |
| <b>DE<br/>W 72605</b>                                                                                                                                  |                  | Signature: M Howard Goldman                                                                                                                                                             |       |                                                                      |         | Date: 01/27/2017 |  |
|                                                                                                                                                        |                  | Name (type or print): M Howard Goldman                                                                                                                                                  |       |                                                                      |         | Title: Mr.       |  |
| Processed 01/27/2017                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                                               |       |                                                                      |         |                  |  |