

No. W 50989		Due no later than May 31, 2010		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. TRILOGY GROUP, LLC MICHAEL T KELLER 250 S 5TH STREET SECOND FLOOR BOISE ID 83702		MICHAEL T KELLER 250 S 5TH ST 2ND FLOOR 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	MICHAEL T KELLER	250 S. 5TH STREET SECOND 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: 03/15/2010 Title: Manager					
Processed 03/15/2010		* Electronically provided signatures are accepted as original signatures.					