

No. W 150044	Due no later than Apr 30, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		MICHAEL SHACKELFORD 484 11TH ST IDAHO FALLS ID 83404			
	TRINITY MOBILE CUSTOM WELDING AND REPAIR "L.L.C." MICHAEL SHACKELFORD 484 11TH ST IDAHO FALLS ID 83404 USA		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 SHACKELFORD	484 11TH STREET	IDAHO FALLS	ID	USA	83404
5. Organized Under the Laws of: ID W 150044		6. Annual Report must be signed.* Signature: Michael Shackelford Name (type or print): Michael Shackelford		Date: 04/09/2017 Title: manager		
Processed 04/09/2017		* Electronically provided signatures are accepted as original signatures.				