No. <b>W 31805</b>		Due no later than Jul 31, 2013 Annual Report Form		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:					STEVE T BROWN PHD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  TRILOGY, LLC  STEVEN BROWN  1221 W HAYS ST  BOISE ID 83702-5316  USA		BOISE ID	1221 W HAYS ST BOISE ID 83702			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Regist	3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compa	anies: Enter Nai	nes and Addresse	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER STEVE T BROWN PHD MANAGER SHEILA MATHEWS PHD MANAGER MARY DAVIS PHD		1221 W HAYS ST 1221 W HAYS ST 1221 W HAYS ST	BOISE BOISE BOISE	ID ID ID	USA USA USA	83702 83702 83702		
5. Organized Under the Laws of:		6. Annual Report						
ID W 31805		Signature: Steve T Brown			Date: 05/27/2013			
W 000 M00		Name (type or print): Steve T Brown Title: Manager						
Processed 05/27/2013 * Electronically provided signatures are accepted as original signatures.								