

No. <b>W 50989</b>	<b>Due no later than May 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  TRILOGY GROUP, LLC MICHAEL T KELLER 250 S 5TH 2ND FL 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	BOISE	ID	USA	83702
5. Organized Under the Laws of:  <b>ID</b> <b>W 50989</b>		6. Annual Report must be signed.* Signature: Michael T Keller Name (type or print): Michael T Keller		Date: 03/08/2012 Title: Manager		
Processed 03/08/2012		* Electronically provided signatures are accepted as original signatures.				