

No. W 117914	Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT FARIAS 2111 S AMY AVE BOISE ID 83706																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. TRICOL VENTURES & CONSULTING LLC ROBERT FARIAS 1116 S VISTA AVE #333 BOISE ID 83705																																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Robert Farias</td> <td>2111 S. Amy Ave</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83706</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>			Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Robert Farias	2111 S. Amy Ave	Boise	ID	USA	83706	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <u>New</u> Registered Agent Signature.
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5. Organized Under the Laws of: IDAHO W 117914		6. <table border="0"> <tr> <td>Signature: <u><i>Robert Farias</i></u></td> <td>Date: <u>02/18/2014</u></td> </tr> <tr> <td>Name (type or print): <u>Robert Farias</u></td> <td>Title: <u>owner</u></td> </tr> </table>		Signature: <u><i>Robert Farias</i></u>	Date: <u>02/18/2014</u>	Name (type or print): <u>Robert Farias</u>	Title: <u>owner</u>																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM