No. W 158017 Return to:		Due no later than Nov 30, 2016 Annual Report Form	2. Registered Agent and Address (NO PO BOX) KATHY M RHEAD 138 WILSON AVE BLACKFOOT ID 83221 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TRIPLE CROWN TEAM LLC 140 WILSON AVE BLACKFOOT ID 83221				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held Na	ame	Street or PO Address	City	State	Country	Postal Code
	ELISSA HO DANN CHAV		IDAHO FALLS BLACKFOOT	ID ID	USA USA	83401 83221
5. Organized Under the Laws of: ID W 158017		6. Annual Report must be signed.* Signature: Kathy Rhead Name (type or print): Kathy Rhead	Date: 10/26/2016 Title: Manager			
		* Electronically provided signatures are accepted as original signatures.				