

No. W 25414	Due no later than Aug 31, 2005 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. TRICOM MORTGAGE, LLC 1 HOME CAMPUS MAC X2401-049 DES MOINES IA 50328 0000		CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 0000			
			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	CLP MORTGAGE INVESTORS,LLC	1423 LINCOLN WAY EAST	GOSHEN	IN	USA	46526
MANAGER	WELLS FARGO VENTURES LLC	1 HOME CAMPUS MAC X2401-049	DES MOINES	IA		50328
5. Organized Under the Laws of: DELAWARE W 25414		6. Annual Report must be signed.* Signature: Robert Scallon Name (type or print): Robert Scallon Date: 08/08/2005 Title: VP of member WF Ventures, LLC				
Processed 08/08/2005		* Electronically provided signatures are accepted as original signatures.				