No. W 66855		Due no later than Sep 30, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. TRIANGLE R L.L.C. THOM W GARLOCK 970 W BROADWAY #446 PO BOX 1105 JACKSON WY 83002		2. Registered	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				65 E HOWA DRIGGS ID	THOMAS GARLOCK 65 E HOWARD DRIGGS ID 83455 3. New Registered Agent Signature:*			
		l mes and Addresses o	f at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	THOMAS GARLOCK		970 W BROADWAY #446	JACKSON	WY		83001	
5. Organized Under the Laws of: ID W 66855		6. Annual Report must be signed.* Signature: Donna Gordon Name (type or print): Donna Gordon			Date: 08/07/2018 Title: Controller			
Processed 08/07/2018 * Electronically provided signatures are accepted as original signatures.								