

No. W 137502		Due no later than May 31, 2015 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		1. Mailing Address: Correct in this box if needed. TRIPLE SZ ENTERPRISES LLC ROB & LISA BENSON PO BOX 1293 P.O. BOX 1293 CHALLIS ID 83226 USA		ROBERT DEE BENSON 80 TRAILS END CHALLIS 83226			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name ALICIA MARIE LISA BENSON	Street or PO Address 80 TRAILS END P.O. BOX 1293		City CHALLIS	State ID	Country USA	Postal Code 83226
5. Organized Under the Laws of: ID W 137502		6. Annual Report must be signed.* Signature: Alica Marie Lisa Benson Name (type or print): Alica Marie Lisa Benson Date: 04/10/2015 Title: Manager					
Processed 04/10/2015 * Electronically provided signatures are accepted as original signatures.							