

|                                                                                                                                                        |                |                                                                                                                                                                               |             |                                                    |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------|---------|-------------|--|
| No. <b>C 128113</b>                                                                                                                                    |                | <b>Due no later than Mar 31, 2014</b>                                                                                                                                         |             | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>TRIPLE PLAY, INC.<br>JOHN B. GEDDES<br>175 W ORCHARD AVE<br>HAYDEN ID 83835 |             | JOHN B GEDDES<br>175 W ORCHARD<br>HAYDEN ID 83835  |         |             |  |
|                                                                                                                                                        |                |                                                                                                                                                                               |             | 3. <u>New</u> Registered Agent Signature:*         |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |                |                                                                                                                                                                               |             |                                                    |         |             |  |
| Office Held                                                                                                                                            | Name           | Street or PO Address                                                                                                                                                          | City        | State                                              | Country | Postal Code |  |
| SECRETARY                                                                                                                                              | ANGELA GEDDES  | 6469 EVERNADE RD.                                                                                                                                                             | HAYDEN LAKE | ID                                                 | USA     | 83835       |  |
| PRESIDENT                                                                                                                                              | JOHN B. GEDDES | 175 W. ORCHARD AVE.                                                                                                                                                           | HAYDEN      | ID                                                 | USA     | 83835       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 128113</b>                                                                                          |                | 6. Annual Report must be signed.*<br>Signature: John B Geddes<br>Name (type or print): John B Geddes                                                                          |             |                                                    |         |             |  |
| Date: 02/26/2014<br>Title: President                                                                                                                   |                |                                                                                                                                                                               |             |                                                    |         |             |  |
| Processed 02/26/2014                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                     |             |                                                    |         |             |  |