No. W 60370	Reinstatement Annual Report Form ADMIN DISSOLVED 06/29/2018	Registered Agent and Office (NOT A P.O. BOX)
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TRICON LLC CLAY ANDERSON 650 E LAKE CREEK ST MERIDIAN ID 83642	MONICA LEISHMAN 4184 E ASCHLI LANE 1DAMO FALLS ID 83406 8364 41608 Gaumett Creek Ra Idaho falls, ID 83401
REINSTATEMENT FEE DUE: \$30.00		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager or Member Name Street or PO Address City State Country Postal Code		
Manager Member 🗹	Clay Anderson 650 Etake Creek Me	
Manager Member		
Manager Member		
Manager Member 🗍		
5. Organized Under the La		
IDAHO	Signature: Oly (Industri	Date: 7/17/18
W 60370	Name (type or print):	Title:
	Clay Anderson	Member
Issued 07/18/2018 by online		

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