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| No. W 91206 | Due no later than Mar 31, 2014 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. TRI-PEAKS LLC BRENDA D MCCORD 135 N 9TH ST ST MARIES ID 83861 | | BRENDA D MCCORD 135 N 9TH ST ST MARIES ID 83861 | | | |
| | | | 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 | BRENDA D MCCORD | 300 POSCHS HILL | ST. MARIES | ID | USA | 83861 |
| 5. Organized Under the Laws of: ID W 91206 | | 6. Annual Report must be signed.* Signature: Brenda D. McCord Name (type or print): Brenda D. McCord | | Date: 01/29/2014 Title: Manager | | |
| Processed 01/29/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | |