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| No. C 32139 | Due no later than Sep 30, 2010 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-STATE DISTRIBUTORS, INC. L GERARD CONNELLY P. O. BOX 8008 MOSCOW ID 83843 | L GERARD CONNELLY 1104 PULLMAN RD. MOSCOW ID 83843 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 |
| DIRECTOR | MICHELLE C. ARNOLD | WHISPERING PINE LN | COEUR D' ALENE | ID | USA | 83843 |
| TREASURER | MARY L CONNELLY | 513 S. LINCOLN | MOSCOW | ID | USA | 83843 |
| TREASURER | MARY L CONNELLY | 513 S. LINCOLN | MOSCOW | ID | USA | 83843 |
| PRESIDENT | GERARD CONNELLY | P.O. BOX 13 | TROY | ID | USA | 83871 |
| 5. Organized Under the Laws of: ID C 32139 | 6. Annual Report must be signed.* Signature: L. Gerard Connelly Name (type or print): L. Gerard Connelly | | Date: 07/12/2010 Title: President | | | |
| Processed 07/12/2010 | * Electronically provided signatures are accepted as original signatures. | | | | | |