No. W 106905		Due no later than Sep 30, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. TRURX ILC SCOTT ADCOCK 500 E SHORE DR SUITE 120 EAGLE ID 83616		2.	2. Registered Agent and Address (NO PO BOX) SCOTT ADCOCK 500 E SHORE DR #120 EAGLE ID 83616 3. New Registered Agent Signature:*			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of a	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER SCOTT ADCOC		COCK	500 E SHORE DR #120		EAGLE	ID	USA	83616
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Robert P.K. Mooney			Date: 07/25/2017			
W 106905		Name (type or print): Robert P.K. Mooney			Title: General Counsel			
Processed 07/25/2017 * Electronically provided signatures are accepted as original signatures.								