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| No. W 66717 | | Due no later than Sep 30, 2016 | | 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 | | Annual Report Form | | MARK W STANGER 1116 E 990 S EDEN ID 83325 | |
| | | 1. Mailing Address: Correct in this box if needed. TRIPLE M, LLC MARK STANGER 1168 E 990 S EDEN ID 83325 | | 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 |
| MEMBER | MARK W STANGER | 3728 N 3700 E | KIMBERLY | ID | 83341 |
| MEMBER | MARK W STANGER JR | 726 FALLS VIEW DR | TWIN FALLS | ID | 83301 |
| MEMBER | MARY ANN STANGER | 3728 N 3700 E | KIMBERLY | ID | 83341 |
| 5. Organized Under the Laws of: ID W 66717 | | 6. Annual Report must be signed.* Signature: MARK STANGER Name (type or print): MARK STANGER Date: 07/25/2016 Title: MEMBER | | | |
| Processed 07/25/2016 | | * Electronically provided signatures are accepted as original signatures. | | | |