

No. J 1656		Due no later than Oct 31, 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		TIMOTHY CLINE 977 PLACER CT HAYDEN ID 83835			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		TRIPLE T ENTERPRISES LLP MELODY TORBENSON 4708 N LILLIAN RD SPOKANE WA 99216					
4. Limited Liability Partnerships: Enter Names and Business Addresses of two (2) or more partners.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PARTNER	DALE TORBENSON	4708 N LILLIAN RD	SPOKANE	WA	USA	99216	
PARTNER	MELODY TORBENSON	4708 N LILLIAN RD	SPOKANE	WA	USA	99216	
5. Organized Under the Laws of: WA J 1656		6. Annual Report must be signed.* Signature: M Torbenson Name (type or print): M Torbenson		Date: 10/28/2016 Title: Partner			
Processed 10/28/2016		* Electronically provided signatures are accepted as original signatures.					