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| No. W 36168 | | Due no later than Jan 31, 2014 | | 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 | | ANTHONY YEAMANS 908 3RD ST SOUTH NAMPA ID 83651 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | FAMILY TRINITY LLC ANTHONY YEAMANS 908 3RD ST SOUTH 208-466-3594 NAMPA ID 83651 USA | | | | | |
| 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 | ANTHONY YEAMANS | PO BOX 973 | NAMPA | ID | USA | 83653 | |
| MEMBER | ANTHONY YEAMANS | PO BOX 973 | NAMPA | ID | USA | 83651 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 36168 | | Signature: Anthony Yeamans | | | Date: 12/02/2013 | | |
| | | Name (type or print): Anthony Yeamans | | | Title: Manager | | |
| Processed 12/02/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | | |