No. W 149189		Due no later than Mar 31, 2017		2	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		Annual Report Form 1. Mailing Address: Correct in this box if needed. TRI-SWIM LLC CAROLINE BRYAN 2204 E PARKSIDE DR BOISE ID 83712 USA			CAROLINE BRYAN 2204 E PARKSIDE DR BOISE ID 83712 3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE								
4. Limited Liability Comp.	anies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	MANAGER CAROLINE BRYAN		2204 E PARKSIDE DR		BOISE	ID	USA	83712
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: caroline bryan			Date: 03/26/2017			
W 149189		Name (type or print): caroline bryan			Title: agent			
Processed 03/26/2017 * Electronically provided signatures are accepted as original signatures.								