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5/12/2014 12:08:40 PM PAGE 2/002 Fax Server

No. <b>W 41316</b>	Due no later than Jul 31, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX)	2014 MAY 12 PM 2: 15																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TRITON ENTERPRISES LLC PO BOX 2071 POCATELLO ID 83206		JESSICA HUNTER 529-FOOTHILL- <del>POCATELLO ID 83204</del> 2167 SEVANA LOOP BLACK FOOT, IDAHO 83221	SECRETARY OF STATE STATE OF IDAHO																																			
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>WAYNE BARLOW</td> <td>P.O. BOX 2071</td> <td>POCATELLO, IDAHO</td> <td></td> <td></td> <td>83206</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>LINDA BARLOW</td> <td>P.O. BOX 2071</td> <td>POCATELLO, IDAHO</td> <td></td> <td></td> <td>83206</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	WAYNE BARLOW	P.O. BOX 2071	POCATELLO, IDAHO			83206	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	LINDA BARLOW	P.O. BOX 2071	POCATELLO, IDAHO			83206	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 41316</b>	6. Signature:  Name (type or print): <b>WAYNE BARLOW</b>		Date: <b>5-12-2014</b> Title: <b>MANAGER</b>																																				
Issued 05/12/2014 by JAH		125366																																					

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the