

No. W 25303	Due no later than July 31, 2006		2. Registered Agent and Office 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 1. Mailing Address - Correct in this box, if applicable TRIPLE CROWN CONSTRUCTION, LLC C/O WILLIAM HURST EA 407 S 9TH AVE CALDWELL, ID 83605		WILLIAM HURST EA 407 S 9TH AVE CALDWELL, ID 83605 3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th data-bbox="316 404 524 445"><u>Office held</u></th> <th data-bbox="524 404 808 445"><u>Name</u></th> <th data-bbox="808 404 1332 445"><u>Street or P.O. Address</u></th> <th data-bbox="1332 404 1528 445"><u>City</u></th> <th data-bbox="1528 404 1703 445"><u>State</u></th> <th data-bbox="1703 404 1889 445"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="316 466 524 611">Member manager</td> <td data-bbox="524 466 808 611">Brad Piper</td> <td data-bbox="808 466 1332 611">5590 2702 N Powell Crk Ave</td> <td data-bbox="1332 466 1528 611">Mendian</td> <td data-bbox="1528 466 1703 611">ID</td> <td data-bbox="1703 466 1889 611">83642</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Member manager	Brad Piper	5590 2702 N Powell Crk Ave	Mendian	ID	83642
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Member manager	Brad Piper	5590 2702 N Powell Crk Ave	Mendian	ID	83642										
5. Organized Under the Laws of: IDAHO W 25303	6. Signature <u>William Hurst</u> Date _____ Name <small>(Typed or Printed)</small> <u>William Hurst</u> Title <u>Reg Agent</u>														