No. W 60370		Due no later than Mar 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. TRICON LLC CLAY ANDERSON 650 E LAKE CREEK ST MERIDIAN ID 83642		MONICA LEISHMAN 4184 E ASCHLI LANE IDAHO FALLS ID 83406-8364 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Si	reet or PO Address	City	State	Country	Postal Code
MANAGER CLAY ANDERS		SON 65	50 E LAKE CREEK ST	MERIDIAN	ID		83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 60370		Signature: Clay Anderson		Date: 04/27/2017			
		Name (type or print): Cla	Title: Manager				
Processed 04/27/2017 * Electronically provided signatures are accepted as original signatures.							