| No. W 4030 | | Due no later than May 31, 2016 Annual Report Form 1. Mailing Address: Correct in this box if needed. TRIMAX ASSOCIATES, L.L.C. DOUGLAS I MCINTOSH 3233 POWERS AVE. LEWISTON ID 83501 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|---|--|--------------------------------------|---------------------------|--|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | 2505 GRELLE LEWISTON I | DOUGLAS I MCINTOSH 2505 GRELLE AVE LEWISTON ID 83501-8350 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 100 | | nes and Addresse | s of at least one Member or Manager. | CH | C1 1 | | 5 | |
| | ame | ACINITOCU | Street or PO Address | City | State | Country | Postal Code | |
| | ARTHUR L MCINTOSH DOUGLAS I MCINTOSH | | 3233 POWERS AVE 3233 POWERS AVE | LEWISTON LEWISTON | ID ID | USA USA | 83501 83501 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID W 4030 | | Signature: Dou | | Date: 03/22/2016 | | | | |
| | | Name (type or | | Title: Manager | | | | |
| Processed 03/22/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | | |