| No. W 110207 Return to: | | Due no later than Jan 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. GATES TRC LLC M DAVID GATES III 4906 AIRPORT RD NAMPA ID 83687 | | | 2. Registered Agent and Address (NO PO BOX) M DAVID GATES III 4906 AIRPORT ROAD NAMPA ID 83687 3. New Registered Agent Signature:* | | | |
|--|-----------|---|----------------------|------------------|--|---------|-------------|--|
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | | | NAMPA ID | | | | |
| 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 | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER K | (ATHRYN S | GATES | 4906 AIRPORT ROAD | NAMPA | ID | USA | 83687 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Kathryn S | | Date: 01/06/2018 | | | | |
| W 110207 | | Name (type or print) | | Title: Manager | | | | |
| Processed 01/06/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |