No. C 67857	Due no later than Sep 30, 2014 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX)
Return to:	<u> </u>	MICHAEL F KECHTER
SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. TRI-CIRCLE, INC. MICHAEL F KECHTER P. O. BOX 27 RUPERT ID 83350	HIGHWAY 24 232 PleasanTwo
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature.
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.  Office Held  Name Street or PO Address City State Country Postal Code  President Michael Keckfor P.O. Box 27 Ruport ID Min 83350  Secretary  Judy Keckfor P.O. Box 27 Ruport ID Min 83350		
5. Organized Under the Law	vs of: 6. Signature:	
IDAHO		Date:
C 67857	Home there are intelled	
	Mechof Keelter Name (type or print):  Michael Kechter	President
Issued 07/17/2014 by DK1		116093
INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM		
<b>Block 1: Entity name may not be altered through the use of this form.</b> Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. <b>Note:</b> To ensure future mailings, the corrected address <b>must</b> be inside Block 1.		
<b>Block 2:</b> To change the registered agent must	stered agent or office, strike the incorrect information and to be at a street address in Idaho, not a Post Office Box or	write in the correct information. Note: The office r Personal Mail Box.
Block 3: Only a <u>new</u> registe	ered agent must sign in Block 3,	
Block 4: Enter names and but same as above". These work please add an attachment.	usiness addresses of president, secretary, and directors. No vill not be accepted. Changes here will not affect the	ote: <u>DO NOT</u> put "same as last year" or address in Block 1. If more space is needed
Block 5: May not be altered	through the use of this form.	
<b>Block 6:</b> The annual report rebelow the signature.	must be signed by a person authorized to represent the cor	poration. Print or type the name of the signer
** The image of this form	will be available on the internet once it has been fil	ed. DO NOT enter Social Security numbers.
If the corporation is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the corporation to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.		
If the document is incorrect, is there a telephone number to reach you for corrections?		

POSTMARK DATES WILL NOT BE ACCEPTED