

| <p>No. W 100838</p> | <p>Reinstatement Annual Report Form ADMIN DISSOLVED 05/26/2015</p> | | <p>2. Registered Agent and Office (NOT A P.O. BOX) FRED DEPOLD 5946 W EL GATO LANE MERIDIAN ID 83642</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------------------|---|-------------------|---------|----------------------|------|-------|---------|-------------|---|-------------|---------------------|----------|----|-----|-------|---|-------------|---------------------|----------|----|-----|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p> | <p>1. Mailing Address: Correct in this box if needed. TRINITY ENTERPRISES LLC FRED DEPOLD 5946 W EL GATO LANE MERIDIAN ID 83642</p> | | <p>3. <u>New</u> Registered Agent Signature.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Lisa DePold</td> <td>5946 W EL Gato Lane</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83642</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Fred DePold</td> <td>5946 W EL Gato Lane</td> <td>Meridian</td> <td>ID</td> <td>USA</td> <td>83642</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Lisa DePold | 5946 W EL Gato Lane | Meridian | ID | USA | 83642 | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Fred DePold | 5946 W EL Gato Lane | Meridian | ID | USA | 83642 | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Lisa DePold | 5946 W EL Gato Lane | Meridian | ID | USA | 83642 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Fred DePold | 5946 W EL Gato Lane | Meridian | ID | USA | 83642 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. Organized Under the Laws of:</p> <p>IDAHO W 100838</p> | <p>6.</p> <p>Signature: <u></u> Date: <u>4/27/2017</u></p> <p>Name (type or print): <u>Fred DePold</u> Title: <u>manager</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM