

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 09-30-1995

No. 136	Idaho Limited Liability Company Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	KEVIN W HATHAWAY 2571 YELLOWSTONE HWY
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address -- Please Correct if Not Correct	ST. ANTHONY ID 83445
	TRI H L.L.C. KEVIN W HATHAWAY 2571 YELLOWSTONE HWY	3. Organized Under The Laws of
	ST. ANTHONY ID 83445	ID
		NO: 136

4. Names and Addresses of ☒ Managers or ☒ Members (check one)	MUST BE PRINTED OR TYPED															
<table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>KEVIN W. HATHAWAY</td> <td>2571 E. YELLOWSTONE HWY.</td> <td>ST. ANTHONY,</td> <td>ID.</td> <td>83445</td> </tr> <tr> <td>CATHRYN L. HATHAWAY</td> <td>P.O. Box 424</td> <td>ST. ANTHONY,</td> <td>ID.</td> <td>83445</td> </tr> </tbody> </table>	Name	Street or P.O. Address	City	State	Zip	KEVIN W. HATHAWAY	2571 E. YELLOWSTONE HWY.	ST. ANTHONY,	ID.	83445	CATHRYN L. HATHAWAY	P.O. Box 424	ST. ANTHONY,	ID.	83445	
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5. Signature of the Current Registered Agent (If changed in block 2)	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u>Kevin W. Hathaway</u> Date <u>10/10/95</u> Name (Typed or Printed) <u>KEVIN W. HATHAWAY - MANAGING PARTNER</u>
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