

No. <b>W 94287</b>	<b>Due no later than Jun 30, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> TRI WAVE LLC F MCDONALD 5514 LAKE RIVER LN BOISE ID 83703-6241		FRANK MCDONALD 5514 LAKE RIVER LN BOISE ID 83703-6241			
			3. <u>New</u> Registered Agent Signature:*			
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	F MCDONALD	5514 LAKE RIVER LANE	BOISE	ID	USA	83703-6241
5. Organized Under the Laws of:  <b>ID</b> <b>W 94287</b>	6. Annual Report must be signed.* Signature: F McDonald Name (type or print): F McDonald		Date: 06/23/2012 Title: Managing Member			
Processed 06/23/2012		* Electronically provided signatures are accepted as original signatures.				