No. **W 31805**	**Due no later than Jul 31, 2014** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** TRILOGY, LLC STEVEN BROWN 1221 W HAYS ST BOISE ID 83702-5316 USA	STEVE T BROWN PHD 1221 W HAYS ST BOISE ID 83702 3. New 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	STEVE T BROWN PHD	1221 W HAYS ST	BOISE	ID	USA	83702
MANAGER	MARY DAVIS PHD	1221 W HAYS ST	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 31805**	Signature: Steve Brown	Date: 08/22/2014
	Name (type or print): Steve Brown	Title: Manager

Processed 08/22/2014

* Electronically provided signatures are accepted as original signatures.