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|--|----------------|---|---------------|--|---------|-------------|--|
| No. W 159997 | | Due no later than Dec 31, 2017 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 | | 1. Mailing Address: Correct in this box if needed. WEST WOOD, LLC WEST WOOD LLC PO BOX 3160 BONNERS FERRY ID 83805 | | LISA WEST 6549 VAN BUREN ST BONNERS FERRY ID 83805 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 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 | |
| MEMBER | DAVID A WEST | 195 SHINGLE MILL LOOP | BONNERS FERRY | ID | USA | 83805 | |
| MEMBER | CASEY L WEST | 500502 HWY 95 PO BOX 87 | NAPLES | ID | USA | 83847 | |
| MEMBER | TIMOTHY M WEST | 6549 VAN BUREN ST PO BOX 3160 | BONNERS FERRY | ID | USA | 83805 | |
| MANAGER | LISA D WEST | 6549 VAN BUREN ST PO BOX 3160 | BONNERS FERRY | ID | USA | 83805 | |
| 5. Organized Under the Laws of: ID W 159997 | | 6. Annual Report must be signed.* Signature: Lisa D West Name (type or print): Lisa D West | | | | | |
| | | Date: 11/06/2017 Title: Manager | | | | | |
| Processed 11/06/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |