

|                                                                                                                                                        |               |                                                                           |         |                                                    |                  |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------|---------|----------------------------------------------------|------------------|-------------|--|
| No. <b>W 88674</b>                                                                                                                                     |               | <b>Due no later than Dec 31, 2017</b>                                     |         | 2. Registered Agent and Address <b>(NO PO BOX)</b> |                  |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>Annual Report Form</b>                                                 |         | MAXINE G IWEN<br>3071 E 670 N<br>ROBERTS ID 83444  |                  |             |  |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b>                 |         | 3. <u>New</u> Registered Agent Signature:*         |                  |             |  |
|                                                                                                                                                        |               | W.W.I. LLC.<br>MAXINE G IWEN<br>3071 E 670 N<br>ROBERTS ID 83444          |         |                                                    |                  |             |  |
| 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                                                                                                                                                 | MAXINE G IWEN | 668 - 229TH AVE. N. W                                                     | BETHEL  | MN                                                 | USA              | 55005       |  |
| MEMBER                                                                                                                                                 | MARIE A WARD  | 3007 E 650 N                                                              | ROBERTS | ID                                                 | USA              | 83444       |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                         |         |                                                    |                  |             |  |
| <b>ID<br/>W 88674</b>                                                                                                                                  |               | Signature: Maxine G Iwen                                                  |         |                                                    | Date: 11/21/2017 |             |  |
|                                                                                                                                                        |               | Name (type or print): Maxine G Iwen                                       |         |                                                    | Title: Member    |             |  |
| Processed 11/21/2017                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures. |         |                                                    |                  |             |  |