| No. C 100193 | | Due no later than Nov 30, 2015 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|----------------------------------|---|--|---------------------------|---|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. WD MANAGEMENT, INC. WILLIAM J WORKMAN 785 HANKINS RD. TWIN FALLS ID 83301 | | 785 HANKINS TWIN FALLS | WILLIAM J WORKMAN 785 HANKINS RD TWIN FALLS ID 83301 3. New Registered Agent Signature:* | | | |
| NO FILING FEI RECEIVED BY DUI 4. Corporations: Enter Na | E DATE | ess Addresses of | President, Secretary, and Directors. Trea | surer (optional). | | | | |
| Office Held | | | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY PRESIDENT | DIANE WORKMAN WILLIAM WORKMAN | | 785 HANKINS RD 785 HANKINS RD | TWIN FALLS TWIN FALLS | ID ID | USA USA | 83301 83301 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 100193 | | Signature: Diane Workman | | | Date: 09/23/2015 | | | |
| | | Name (type o | | Title: Secretary | | | | |
| Processed 09/23/2015 | | * Electronically p | provided signatures are accepted as origin | al signatures. | | | | |