No. W 85802		Due no later than Jul 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. WATT KONA ENTERPRISES, LLC MARK A HALLIDAY PO BOX 249 SAGLE ID 83860		3	WILLIAM F WATT 464276 HWY 95 S SAGLE ID 83860 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE									
4. Limited Liability Compani	es: Enter N	ames and Addre	esses of at least one Member or Manager.						
Office Held	Name		Street or PO Address	Ci	ty	State	Country	Postal Code	
MANAGER	FERN M V	VATT	P.O. BOX 249	SA	AGLE	ID	USA	83860	
MANAGER	WILLIAM F	WATT	P.O. BOX 249	SA	AGLE	ID	USA	83860	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 85802		Signature:	Signature: Mark A. Halliday			Date: 05/17/2017			
		Name (typ	Name (type or print): Mark A. Halliday			Title: Controller			
Processed 05/17/2017		* Electronically provided signatures are accepted as original signatures.							