No. W 139957		Due no later than Jul 31, 2017			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. 5-W LLC JEANNE WITHERS 815 LEMHI RD SALMON ID 83467			PAUL B WITHERS 1301 MAIN ST STE 6 SALMON ID 83467 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Na	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	JEANNE WITHERS		815 LEMHI ROAD		SALMON	ID	USA	83467
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Jeanne Withers			Date: 07/28/2017			
W 139957		Name (type or print): Jeanne Withers			Title: Member			
Processed 07/28/2017 * Electronically provided signatures are accepted as original signatures.								