



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](https://sosbiz.idaho.gov)



Return completed form within 30 days to:

Idaho Secretary of State  
Attn: Annual Reports  
450 North 4th Street  
Boise, ID 83720  
Phone: (208) 334-2300

For Office Use Only

**-FILED-**

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**Annual Report: No filing fee if received by the due date.**

SOS Control Number: 394407

Filing Status: Active-Existing

Limited Liability Company (D)

Date Formed: 09/05/2013

Formation Locale: ID

Name and Mailing Address:

(1) Add or Change Mailing Address:

WAH, LLC  
547 1/2 PARK ST  
LEWISTON, ID 83501-2560

Registered Agent (RA) and Registered Office (RO) Address:

(2) Change RA and/or RO Address:

KATHARINE V HILLMAN  
547 1/2 PARK ST  
LEWISTON, ID 83501

Note: The Registered Office address must be a physical Idaho address (no postal box).

(3) New Registered Agent (RA) Signature:

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Nicole Stewart	3323 S. Manito Blvd	Spokane Wa. 99203
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	John Hillman	1231 Walenta Dr.	Moscow Id. 83843
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Wade Hillman	418 Warner Ave	Lewiston, Id 83501
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Alex Hillman	418 Warner Ave	Lewiston, Id 83501
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date:

9-22-23

(7) Type/Print Name:

Katharine V. Hillman

(8) Title:

RA/RO

Instructions: Legibly complete the form above. Sign and date this form and return to the address provided above.

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