

No. <b>W 100165</b>	<b>Due no later than Feb 28, 2013</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> WADES, LLC HOWARD UTZMAN ATTY PO BOX 604 PULLMAN WA 99163		GAYLE HOWARD 1949 HARPER RD CRAIGMONT ID 83523			
			3. <u>New</u> Registered Agent Signature:*			
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
MANAGER	GAYLE ANN HOWARD	1949 HARPER RD	CRAIGMONT	ID	USA	83523
MANAGER	THOMAS J. MOSMAN	3099 CENTRAL RIDGE ROAD	CRAIGMONT	ID	USA	83523
5. Organized Under the Laws of:  <b>ID</b> <b>W 100165</b>	6. Annual Report must be signed.* Signature: Gayle A Howard Name (type or print): Gayle A Howard		Date: 02/16/2013 Title: Manager			
Processed 02/16/2013		* Electronically provided signatures are accepted as original signatures.				