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|--|---------------------------------|---|----------|---|------------------|-------------|--|
| No. W 18589 | | Due no later than Mar 31, 2010 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form | | GARY D SLETTE 134 3RD AVE E TWIN FALLS ID 83301 | | | |
| | | 1. Mailing Address: Correct in this box if needed. | | 3. <u>New</u> Registered Agent Signature:* | | | |
| | | WOW WAREHOUSE L.L.C. THOMAS J OSWALD 3040 W WISCONSIN AVE APPLETON WI 54914 USA | | | | | |
| 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 | THOMAS J OSWALD | 3040 W WISCONSIN AVE | APPLETON | WI | USA | 54914 | |
| MANAGER | NWW MANAGEMENT CORP - A WI CORP | 3040 W WISCONSIN AVE | APPLETON | WI | USA | 54914 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 18589 | | Signature: Thomas J Oswald | | | Date: 01/26/2010 | | |
| | | Name (type or print): Thomas J Oswald | | | Title: Treasurer | | |
| Processed 01/26/2010 | | * Electronically provided signatures are accepted as original signatures. | | | | | |