

No. <b>W 139957</b>	<b>Due no later than Jul 31, 2015</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>1. Mailing Address: Correct in this box if needed.</b>  5-W LLC JEANNE WITHERS 815 LEMHI RD SALMON ID 83467		PAUL B WITHERS 1301 MAIN ST STE 6 SALMON ID 83467			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>			3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held  MEMBER	Name  JEANNE WITHERS	Street or PO Address  815 LEMHI ROAD	City  SALMON	State  ID	Country  USA	Postal Code  83467
5. Organized Under the Laws of:  <b>ID</b> <b>W 139957</b>	6. Annual Report must be signed.*  Signature: Jeanne Withers Name (type or print): Jeanne Withers  Date: 06/19/2015 Title: Member					
Processed 06/19/2015	* Electronically provided signatures are accepted as original signatures.					