



Idaho Limited Liability Company Annual Report Form

File online at: sosbiz.idaho.gov

Due no later than: 11/30/2020

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

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

SOS Control Number: 333225
Limited Liability Company (D)

Filing Status: Active-Existing
Date Formed: 11/03/2011

Formation Locale: ID

Name and Mailing Address:

WMPJ, LLC
2869 E SELTICE WAY
POST FALLS, ID 83854-7376

(1) Add or Change Mailing Address:

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

GLENN COOPER
2869 E SELTICE WAY
POST FALLS, ID 83854

(2) Change RA and/or RO Address:

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	AARON COOPER	P.O. Box 2824	Post Falls, ID 83877
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	ANNA COOPER	P.O. Box 2824	Post Falls, ID 83877
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	GLENN COOPER	P.O. Box 2824	Post Falls, ID 83877
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	PAULETTE COOPER	P.O. Box 2824	Post Falls, ID 83877
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			
<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

(6) Date: 10-13-2020

(7) Type/Print Name: Paulette Cooper

(8) Title: Member

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

B0538-6398 10/15/2020 10:30 AM Received by ID, Secretary of State Lawrence Denney