

|                                                                                                                                                        |                    |                                                                                                                                                                           |        |                                                           |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-----------------------------------------------------------|---------|-------------|--|
| No. <b>W 18235</b>                                                                                                                                     |                    | <b>Due no later than Feb 28, 2011</b>                                                                                                                                     |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>        |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>WESPM, LLC<br>MAURICE W SANDERS JR<br>2950 E 12TH ST<br>EMMETT ID 83617 |        | MAURICE W SANDERS JR<br>2950 E 12TH ST<br>EMMETT ID 83617 |         |             |  |
|                                                                                                                                                        |                    |                                                                                                                                                                           |        | 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 |  |
| MEMBER                                                                                                                                                 | SANDS ORCHARDS INC | 2950 E 12TH ST                                                                                                                                                            | EMMETT | ID                                                        | USA     | 83617       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 18235</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: Maurice W Sanders<br>Name (type or print): Maurice W Sanders<br>Date: 12/10/2010<br>Title: Member                         |        |                                                           |         |             |  |
| Processed 12/10/2010                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                 |        |                                                           |         |             |  |