

No. W 95403	Due no later than Aug 31, 2015 Annual Report Form		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	1. Mailing Address: Correct in this box if needed. WIDGREN ICE ENTERPRISES, LLC BART O WIDGREN 300 LIBERTY LN SAGLE ID 83860 USA		BART WIDGREN 300 LIBERTY LN SAGLE ID 83860			
			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	BART O WIDGREN	300 LIBERTY LANE	SAGLE	ID	USA	83860
5. Organized Under the Laws of: ID W 95403	6. Annual Report must be signed.* Signature: Bart Widgren Name (type or print): Bart Widgren		Date: 07/29/2015 Title: Manager			
Processed 07/29/2015		* Electronically provided signatures are accepted as original signatures.				