No. **W 171846**	**Due no later than Sep 30, 2017** **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.** WJC818 LLC PO BOX 5377 TWIN FALLS ID 83303	GREG EDGAR 1411 FALLS AVE E STE 1201 TWIN FALLS ID 83301 3. New 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	CHRISTINE NELSON	515 WHISPERING PINE	TWIN FALLS	ID	USA	83301

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 171846**	Signature: Greg Edgar	Date: 07/24/2017
	Name (type or print): Greg Edgar	Title: Member

Processed 07/24/2017

* Electronically provided signatures are accepted as original signatures.