

No. <b>W 21787</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/27/2018</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> WESLEY T SMITH 5126 E RIRIE HWY IDAHO FALLS ID 83401																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> WT ENTERPRISES LLC WESLEY T. SMITH 5126 E RIRIE HWY IDAHO FALLS ID 83401		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Wesley T. Smith</td> <td>5126 E. Ririe Hwy.</td> <td>Id. Falls</td> <td>Id</td> <td></td> <td>83401</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Roxanne V. Smith</td> <td>5126 E. Ririe Hwy</td> <td>Id. Falls</td> <td>Id</td> <td></td> <td>83401</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>TO Bias W. Smith</td> <td colspan="4">(new address: 915 S. Carey</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>Idaho Falls</td> <td>Idaho</td> <td></td> <td></td> <td>83402</td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Wesley T. Smith	5126 E. Ririe Hwy.	Id. Falls	Id		83401	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Roxanne V. Smith	5126 E. Ririe Hwy	Id. Falls	Id		83401	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	TO Bias W. Smith	(new address: 915 S. Carey					Manager <input type="checkbox"/> Member <input type="checkbox"/>		Idaho Falls	Idaho			83402
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 21787</b>		6. Signature: <u>Wesley T. Smith Roxanne Smith</u> Date: <u>April 9-18</u> Name (type or print): <u>Wesley T. Smith / Roxanne V. Smith</u> Title: <u>manager</u>																																				

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**