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|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------|---------------------|
| No. <b>W 6581</b>                                                                                                                                      |            | <b>Due no later than Jul 31, 2017</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>S W WOOD LLC<br>WES WOOD<br>4323 MASON<br>IDHAO FALLS ID 83406-6888 |             | WES WOOD<br>4323 MASON<br>IDHAO FALLS ID 83406     |                     |
|                                                                                                                                                        |            |                                                                                                                                                                       |             | 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                                                                                                                                                | WES WOOD   | 4323 MASON                                                                                                                                                            | IDHAO FALLS | ID                                                 | 83406-6888          |
| MANAGER                                                                                                                                                | SUSAN WOOD | 4323 MASON                                                                                                                                                            | IDHAO FALLS | ID                                                 | 83406-6888          |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 6581</b>                                                                                            |            | 6. Annual Report must be signed.*<br>Signature: Susan Wood<br>Name (type or print): Susan Wood<br><br>Date: 05/31/2017<br>Title: Manager                              |             |                                                    |                     |
| Processed 05/31/2017                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                                             |             |                                                    |                     |