| No. W 34977 | | Due no later than Dec 31, 2017 | | 2. Register | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|--|----------------------|--------------------|--|------------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. WAS DEVELOPMENT, LLC WOLFGANG A SALB 311 VILLAGE DRIVE PMB 3117 | | 791 DIS TAMARA | WOLFGANG SALB 791 DISCOVERY DRIVE TAMARACK ID 83615 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nan | | TAMARACK ID 83615 mes and Addresses of at least one Member or Manager. | | J. <u>INCV</u> INC | gistered Agent o | igridui C. | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | WOLFGANG | A SALB | 791 DISCOVERY DRIVE | TAMARAC | CK ID | | 83615 | |
| 5. Organized Under the Laws of: ID W 34977 | | 6. Annual Report must be signed.* Signature: WOLFGANG A. SALB Name (type or print): WOLFGANG A. SALB | | | Date: 10/31/2017 Title: MANAGER | | | |
| Processed 10/31/2017 | ed 10/31/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |