

No. W 97669		Due no later than Nov 30, 2016 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		1. Mailing Address: Correct in this box if needed. WOT, LLC CRAIG WILCOX 714 LEMHI AVE SALMON ID 83467 USA		CRAIG WILCOX 714 LEMHI AVE SALMON ID 83467			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	CRAIG WILCOX	714 LEMHI AVE	SALMON	ID	USA	83467	
5. Organized Under the Laws of: ID W 97669		6. Annual Report must be signed.* Signature: Craig wilcox Name (type or print): Craig wilcox					
		Date: 12/05/2016 Title: owner					
Processed 12/05/2016 * Electronically provided signatures are accepted as original signatures.							