| No. W 141050 | | Due no later than Aug 31, 2018 | | 2. Registered Ag | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------|---|--------------------------------------|-------------------------------------|---|---------|-------------|--|
| Return to: | | Annual Report Form | | | REGISTERED AGENTS INC | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. W.G.G. STORE #102, LLC KATIE M MEADE 16102 N HWY 41 RATHDRUM ID 83858 USA | | POST FALLS | 784 S CLEARWATER LOOP STE R POST FALLS ID 83854 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | 3. New Registered Agent Signature:* | | | | |
| 4. Limited Liability Compani | ies: Enter Na | mes and Addresse | s of at least one Member or Manager. | ' | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER TERESA K V | | WATSON | 35211 N RIVER ESTATES | CHATTAROY | WA | USA | 99003 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Katie Meade | | Date: | Date: 06/19/2018 | | | |
| W 141050 | | Name (type or print): Katie Meade | | Title: | Title: Office Manager | | | |
| Processed 06/19/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |