

|                                                                                                                                                        |               |                                                                                  |         |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------------------------------------------------------|---------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 166783</b>                                                                                                                                    |               | <b>Due no later than May 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>                                                        |         | BART WARD<br>517 LINDEN<br>REXBURG ID 83440        |         |                  |  |
|                                                                                                                                                        |               | <b>1. Mailing Address: Correct in this box if needed.</b>                        |         | 3. <u>New</u> Registered Agent Signature:*         |         |                  |  |
|                                                                                                                                                        |               | WESTERN TRADING INTERNATIONAL LLC<br>BART WARD<br>517 LINDEN<br>REXBURG ID 83440 |         |                                                    |         |                  |  |
| 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                                                                                                                                                 | R MIKE OSWALD | 577 S 5TH W #1                                                                   | REXBURG | ID                                                 | USA     | 83440            |  |
| 5. Organized Under the Laws of:                                                                                                                        |               | 6. Annual Report must be signed.*                                                |         |                                                    |         |                  |  |
| <b>ID<br/>W 166783</b>                                                                                                                                 |               | Signature: R. MIKE OSWALD                                                        |         |                                                    |         | Date: 05/30/2017 |  |
|                                                                                                                                                        |               | Name (type or print): R. MIKE OSWALD                                             |         |                                                    |         | Title: Member    |  |
| Processed 05/30/2017                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.        |         |                                                    |         |                  |  |