


No. W 97669	Reinstatement Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CRAIG WILCOX 714 LEMHI AVE SALMON ID 83467
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. WOT, LLC CRAIG WILCOX 714 LEMHI AVE SALMON ID 83467 USA		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Craig Wilcox	714 Lemhi Ave Salmon ID	USA 83467
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 97669</div>		6. Signature:  <hr/> Name (type or print): Craig Wilcox	
Issued 01/30/2014 by online		Date: <u>2-3-14</u> Title: <u>Managing Member</u>	

FOR THE IDAHO ANNUAL REPORT FORM