No. <b>W 97669</b> Return to:		Due no later than Nov 30, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  WOT, LLC CRAIG WILCOX 714 LEMHI AVE SALMON ID 83467 USA		2. Registered Agent and Address (NO PO BOX)  CRAIG WILCOX				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				_	714 LEMHI AVE SALMON ID 83467  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Nai	mes 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:		6. Annual Report must be signed.*						
ID W 97669		Signature: Craig Wilcox			Date: 11/12/2015			
		Name (type or print): Craig Wilcox			Title: member			
Processed 11/12/2015	rocessed 11/12/2015 * Electronically provided signatures are accepted as original signatures.							