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| No. W 108078 | Due no later than Nov 30, 2016 Annual Report Form | | 2. Registered Agent and Office (NOT A P.O. BOX) GLENN COOPER 2869 E SELTICE WAY POST FALLS ID 83854 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. WMPJ, LLC AARON COOPER PO BOX 2824 POST FALLS ID 83877 | | 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"/> | Aaron Cooper | PO Box 2824 | Post Falls | ID | USA | 83877 | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Anna Cooper | PO Box 2824 | Post Falls | ID | USA | 83877 | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Glenn Cooper | PO Box 2824 | Post Falls | ID | USA | 83877 | |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Paulette Cooper | PO Box 2824 | Post Falls | ID | USA | 83877 | |

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| 5. Organized Under the Laws of: <div style="text-align: center;"> IDAHO W 108078 </div> | 6. Signature:  <hr/> Name (type or print): <u>Paulette Cooper</u> <div style="float: right; text-align: right;"> Date: <u>9-6-16</u> Title: <u>Member</u> </div> |
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