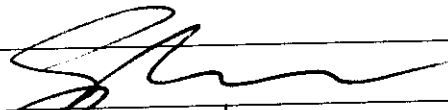
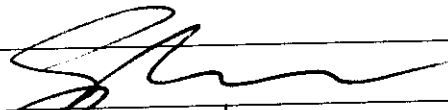
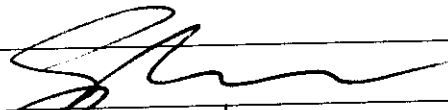


No. W 29530	no later than March 31, 2006 Annual Report Form	2. Registered Agent and Office NO PO BOX SCOTT WESSEL 3878 TAYLORVIEW LN IDAHO FALLS, ID 83406																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable WES LAND, LLC 3878 TAYLORVIEW LN IDAHO FALLS, ID 83406	3. <u>New</u> Registered Agent Signature																		
4. Limited Liability Companies: Enter Names and Addresses of Members. <table style="width: 100%; margin-top: 10px;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>MEMBER</td> <td>SCOTT R. WESSEL</td> <td>3878 TAYLORVIEW LN</td> <td>AMMON</td> <td>ID</td> <td>83406</td> </tr> <tr> <td>MEMBER</td> <td>KRISTIA WESSEL</td> <td>3878 TAYLORVIEW LN</td> <td>AMMON</td> <td>ID</td> <td>83406</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	MEMBER	SCOTT R. WESSEL	3878 TAYLORVIEW LN	AMMON	ID	83406	MEMBER	KRISTIA WESSEL	3878 TAYLORVIEW LN	AMMON	ID	83406
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5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 29530</div>	6. <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 60%;"> Signature  </td> <td style="width: 40%;"> Date 1-7-06 </td> </tr> <tr> <td> Name (Typed or Printed) S. R. WESSEL </td> <td> Title MEMBER </td> </tr> </table>		Signature 	Date 1-7-06	Name (Typed or Printed) S. R. WESSEL	Title MEMBER														
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