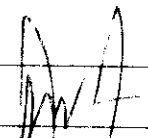


No. W 6195	Due no later than May 31, 2005 Annual Report Form		2. Registered Agent and Office NO PO BOX JACK W GUSTAVEL 5713 E SHORELINE DR POST FALLS, ID 83854												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable WYNN INVESTMENTS, LLC JACK W GUSTAVEL 5713 E SHORELINE DR POST FALLS, ID 83854		3. <u>New</u> Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 20%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 10%;"><u>State</u></th> <th style="text-align: left; width: 10%;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Jack W. Gustavel</td> <td>5713 E Shoreline Dr</td> <td>Post Falls</td> <td>ID</td> <td>83854</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>	Manager	Jack W. Gustavel	5713 E Shoreline Dr	Post Falls	ID	83854
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
Manager	Jack W. Gustavel	5713 E Shoreline Dr	Post Falls	ID	83854										
5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 6195</div>		6. Signature  <div style="display: flex; justify-content: space-between;"> Name (Type or Printed) Jack W Gustavel Date 3/8/05 </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Title Manager </div>													

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