

| | | | | | | | |
|--|---------------------|---|------------|--|---------|------------------|--|
| No. W 119435 | | Due no later than Nov 30, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. WIDE RIVER, LLC WIDE RIVER, LLC 432 S WIDE RIVER RD POST FALLS ID 83854-7149 | | SHERMAN L STAPLETON 432 S WIDE RIVER RD POST FALLS ID 83854-7149 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| MEMBER | SHERMAN L STAPLETON | 432 S WIDE RIVER RD | POST FALLS | ID | USA | 83854-7149 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID W 119435 | | Signature: sherman l stapleton | | | | Date: 09/26/2016 | |
| | | Name (type or print): sherman l stapleton | | | | Title: member | |
| Processed 09/26/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |