



# Idaho Limited Liability Company Annual Report Form

File online at: [sosbiz.idaho.gov](http://sosbiz.idaho.gov)



Return completed form within 30 days to:

Idaho Secretary of State  
Attn: Annual Reports  
450 North 4th Street  
Boise, ID 83702  
Phone: (208) 334-2300

For Office Use Only

**-FILED-**

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**Annual Report: No filing fee if received by the due date.**

Due no later than: 07/31/2025

**SOS Control Number:** 5304783

**Filing Status:** Active-Existing

**Limited Liability Company (D)**

**Date Formed:** 07/05/2023

**Formation Locale:** ID

**Name and Mailing Address:**

(1) Add or Change Mailing Address:

WICJJC LLC  
4620 W MASON DR  
BOISE, ID 83706-1842

**Registered Agent (RA) and Registered Office (RO) Address:**

(2) Change RA and/or RO Address:

WAYNE CLAY  
4620 W MASON DR  
BOISE, ID 83706

Note: The Registered Office address must be a physical Idaho address (no postal box).

**(3) New Registered Agent (RA) Signature:**

If a new agent is appointed in item (2) above, the new agent must sign here to accept the appointment.

(4) Limited Liability Companies: Enter names and addresses of Managers OR Members. Do NOT put 'same as last year' or 'same as above'. These will not be accepted. Changes here will not affect the entity mailing address. If more space is needed, please add an attachment.

Manager/Member	Name	Business Address	City, State, Zip
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Wayne Clay	4620 W MASON DR	Boise ID 83706
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Jane Clay	4620 W. Mason DR	Boise ID 83706
<input type="checkbox"/> Mgr <input checked="" type="checkbox"/> Mem	Megan Yarnell	4222 DENTAL ST.	Boise ID 83706
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<input type="checkbox"/> Mgr <input type="checkbox"/> Mem			

(5) Signature:

Wayne J. Clay

(6) Date:

6/27/25

(7) Type/Print Name:

WAYNE J. CLAY

(8) Title:

Member

**Instructions:** Legibly complete the form above. Sign and date this form and return to the address provided above.

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