
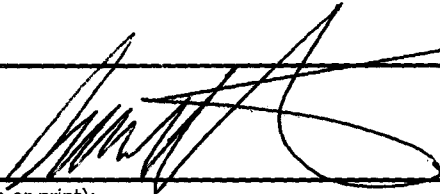


FILED EFFECTIVE

<p>No. W 19297</p>	<p>Reinstatement Annual Report Form ADMIN DISSOLVED 08/05/2010</p>	<p>2. Registered Agent and Office (NOT A P.O. BOX) DEWEY E WHITING <i>Cade Konen</i> 215 E PALOUSE RIVER DR <i>315 S. Almon</i> MOSCOW ID 83843</p>
<p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>	<p>1. Mailing Address: Correct in this box if needed. WJD ENTERPRISES, LLC 215 E PALOUSE RIVER DR <i>315 S. Almon</i> MOSCOW ID 83843</p>	<p>3. <u>New</u> Registered Agent Signature.</p> 

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"/>	<i>Dewey Whiting</i>	<i>315 S. Almon</i>	<i>MOSCOW,</i>	<i>ID</i>	<i>US</i>	<i>83843</i>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Jeff DeMaeyer</i>	<i>315 S. Almon</i>	<i>MOSCOW</i>	<i>ID</i>	<i>US</i>	<i>83843</i>
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Wes Carscallen</i>	<i>315 S. Almon</i>	<i>MOSCOW,</i>	<i>ID</i>	<i>US</i>	<i>83843</i>
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

<p>5. Organized Under the Laws of:</p> <p>IDAHO W 19297</p>	<p>6. Signature: </p> <p>Name (type or print): <u><i>Dewey Whiting</i></u></p>	<p>Date: <u><i>11/15/16</i></u></p> <p>Title: <u><i>Member</i></u></p>
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