

|  |                  |   |       |  |                     |
|--|------------------|---|-------|--|---------------------|
| No. <b>W 3407</b>  |                  | <b>Due no later than Jan 31, 2016</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                  | <b>Annual Report Form</b>   |       | CHARLES H WILSON<br>1101 W RIVER ST #150<br>BOISE ID 83702 |                     |
|  |                  | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>WILSON GROUP, LLC<br>CHARLES H WILSON<br>PO BOX 2793<br>BOISE ID 83701 |       | 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   | CHARLES H WILSON | PO BOX 2793   | BOISE | ID   | 83701               |
| MEMBER   | ROBERT P WILSON  | PO BOX 2793   | BOISE | ID   | 83701               |
| 5. Organized Under the Laws of:  |                  | 6. Annual Report must be signed.*   |       |  |                     |
| <b>ID<br/>W 3407</b>   |                  | Signature: Chalres H. Wilson  |       | Date: 11/17/2015   |                     |
|  |                  | Name (type or print): Chalres H. Wilson   |       | Title: Manager   |                     |
| Processed 11/17/2015   |                  | * Electronically provided signatures are accepted as original signatures.   |       |  |                     |