

NO. W 151519		Reinstatement Annual Report Form ADMIN DISSOLVED 08/31/2016		2. Registered Agent and Office (NOT A P.O. BOX) KATHIE WESTWOOD 108 N TETON SUGAR CITY ID 83448
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. WAC JAM LLC 170 N HOLMES IDAHO FALLS ID 83401		3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00				
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 checked="" type="checkbox"/> Member <input type="checkbox"/>		Jeremy Westwood 2644 Legend Cir Idaho Falls ID USA 83404		
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
Manager <input type="checkbox"/> Member <input type="checkbox"/>				
5. Organized Under the Laws of:  IDAHO W 151519		6. Signature: _____ Name (type or print): _____ Jeremy Westwood		
		Date: 12/22/16 Title: Manager		