

No. W 111322	Due no later than Feb 28, 2017 Annual Report Form		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	1. Mailing Address: Correct in this box if needed.		WILLIAM F LEHMAN 146 RIVER BEND LANE HAILEY ID 83333			
	WFL ASSOCIATES, LLC WILLIAM F LEHMAN PO BOX 0764 KETCHUM ID 83340		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
MANAGER	WILLIAM F LEHMAN	146 RIVER BEND LANE	HAILEY	ID	USA	83333
5. Organized Under the Laws of: ID W 111322	6. Annual Report must be signed.*					
		Signature: William Lehman	Date: 01/12/2017			
		Name (type or print): William Lehman	Title: Manager			
Processed 01/12/2017		* Electronically provided signatures are accepted as original signatures.				