

No. W 49971	Due no later than Apr 30, 2009 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. WCM LLC WILLIAM S MAGNUSON 1457 W STAFFORD DR EAGLE ID 83616 USA		WILLIAM S MAGNUSON 1457 W STAFFORD DR EAGLE ID 83616			
			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 S MAGNUSON	5998 W GOWEN RD	BOISE	ID	USA	83709
5. Organized Under the Laws of: ID W 49971	6. Annual Report must be signed.* Signature: William S. Magnuson Name (type or print): William S. Magnuson		Date: 05/07/2009 Title: Manager			
Processed 05/07/2009		* Electronically provided signatures are accepted as original signatures.				