

INSTRUCTIONS ON REVERSE SIDE

No. 990	Idaho Limited Liability Company Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX											
Return To Secretary of State 700 W Jefferson P.O. Box 83720 Boise ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	Due No Later Than November 30, 1995		JAMES L MORPHEY 804 E CENTER											
	1. Mailing Address -- Please Correct If Not Correct													
	WPM 1 L.L.C. JAMES L MORPHEY 804 E CENTER POCATELLO ID 83201		POCATELLO ID 83201 3. Organized Under The Laws of ID NO: 990											
4. Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)			MUST BE PRINTED OR TYPED											
<table border="0"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>JAMES L. MORPHEY</td> <td>P.O. BOX K</td> <td>POCATELLO</td> <td>IDAHO</td> <td>83205</td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	JAMES L. MORPHEY	P.O. BOX K	POCATELLO	IDAHO	83205		
Name	Street or P.O. Address	City	State	Zip										
JAMES L. MORPHEY	P.O. BOX K	POCATELLO	IDAHO	83205										
5. Signature of the Current Registered Agent (if changed in block 2)		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. Signature <u><i>James L. Morphey</i></u> Date <u>7/16/95</u> Name <u>JAMES L. MORPHEY</u>												