No. 0 94305	Annual Report Form Due No Later Than November 30,	2. Registered Agent ar	nd Office NOT A P.O. BOX
Return to: SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not Correct	C T CORPOR	RATION SYSTEM
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	WGA-AMMON/ INC. G WALTER GASSER 74 E 500 S #200	301SE	ID 83702
* FIRST NOTICE *	30UNTIFUL UT 84010	UT	C 94305
 Corporations: Enter Names a Limited Liability Companies: I 	and Addresses of President, Secretary and Directors Enter Names and Addresses of Managers or Memb	ers (check one)	
Office held Name		City	State Zip
/a	on Garena THE Exact Conse	BOUNTIFUL	UTAH 84010
IMANDENI G'MUL	15c - 200 20 124 500		111 -1-10
SECONTAIN KATIE	F. GASSER "" ""	N .	w 11
	6. I certify that this Annual Report has been knowledge true, content commette.	en examined by me and	is to the best of my
·	6. I certify that this Annual Report has been knowledge true, care est and commete. Signature		t is to the best of my
NATURE OF BUSINE	6. I certify that this Annual Report has been knowledge true, certest and complete. Signature Name (Typed or Printed)	en examined by me and Date 7	t is to the best of my
NATURE OF BUSINE REAL PROPERTY ISSUED: 07-06-	6. I certify that this Annual Report has been knowledge true, certest and complete. Signature Name (Typed or Printed)	en examined by me and Date 7	t is to the best of my