No. **W 990**	**Due no later than Mar 31, 2016** **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.** WPM 1 L.L.C. JAMES L MORPHEY 804 E CENTER POCATELLO ID 83201	JAMES L MORPHEY 804 E CENTER POCATELLO ID 83201 3. New 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
MEMBER	JAMES L MORPHEY	804 E CENTER	POCATELLO	ID		83201
MEMBER	TERRY A WALSH	10 CEDAR HILLS DR.	POCATELLO	ID		83204
MEMBER	DAVID J POWERS	P O BOX 4338	POCATELLO	ID		83205

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 990**	Signature: Jim Morphey	Date: 01/20/2016
	Name (type or print): Jim Morphey	Title: Member

Processed 01/20/2016

* Electronically provided signatures are accepted as original signatures.