

No. <b>W 160399</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/02/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> REGISTERED AGENTS INC 1900 NORTHWEST BLVD STE 106A COEUR D ALENE ID 83814																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. CWW CONSULTING, LLC JACK WETHERALL 1485 MAJESTIC VIEW DR MCCALL ID 83638		3. <u>New</u> Registered Agent Signature.																																			
<b>REINSTATEMENT FEE DUE: \$30.00</b>																																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jack Wetherall</td> <td>1485 Majestic</td> <td>McCall</td> <td>Id</td> <td>USA</td> <td>83638</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jack Wetherall	1485 Majestic	McCall	Id	USA	83638	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 160399</b>	6. Signature: <u>Jack Wetherall</u> Date: <u>12/4/2017</u> Name (type or print): <u>Jack Wetherall</u> Title: <u>Member</u>																																					

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**