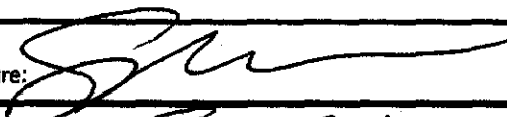


No. W 29530 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Mar 31, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. WES LAND, LLC 3878 TAYLORVIEW LN IDAHO FALLS ID 83406	2. Registered Agent and Office (NOT A P.O. BOX) SCOTT WESSEL 3878 TAYLORVIEW LN IDAHO FALLS ID 83406 3. <u>New</u> Registered Agent Signature.																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</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>MEMBER</td> <td>SCOTT R WESSEL</td> <td>3878 TAYLORVIEW LN</td> <td>AMMON</td> <td>ID</td> <td>USA</td> <td>83406</td> </tr> <tr> <td>MEMBER</td> <td>KRISTIA WESSEL</td> <td>3878 TAYLORVIEW LN</td> <td>AMMON</td> <td>ID</td> <td>USA</td> <td>83406</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	MEMBER	SCOTT R WESSEL	3878 TAYLORVIEW LN	AMMON	ID	USA	83406	MEMBER	KRISTIA WESSEL	3878 TAYLORVIEW LN	AMMON	ID	USA	83406
Office Held	Name	Street or PO Address	City	State	Country	Postal Code																	
MEMBER	SCOTT R WESSEL	3878 TAYLORVIEW LN	AMMON	ID	USA	83406																	
MEMBER	KRISTIA WESSEL	3878 TAYLORVIEW LN	AMMON	ID	USA	83406																	
5. Organized Under the Laws of: IDAHO W 29530	6. Signature:  Name (type or print): <u>SCOTT R WESSEL</u> Date: <u>1/21/10</u> Title: <u>MEMBER</u>																						
Issued 01/19/2010 by SLD 201003007311																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM