| No. C 102325 | | Due no later than Jun 30, 2014 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|---|---|---|--|---|----------|------------|--------------------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. WESEE, INCORPORATED SHERYL CHRISTENSEN PO BOX 130 POCATELLO ID 83204-0130 | | SHERYL CHRISTENSEN 414 S. GARFIELD POCATELLO ID 83204-4372 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | ocs Addrossos of Dr | esident, Secretary, and Directors. Treasure | easurer (entional) | | | | |
| Office Held Name | | ess Addresses of Fre | Street or PO Address | City | State | Country | Postal Code | |
| SECRETARY CR | CRAIG W. CHRISTENSEN SHERYL J. CHRISTENSEN | | 414 S. GARFIELD P. O. BOX 130 414 S. GARFIELD P. O. BOX 130 | POCATELLO POCATELLO | ID ID | USA USA | 83204-0130 83204-0130 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ъ | | Signature: Sher | Date: 04/23/2014 | | | | | |
| C 102325 | | Name (type or p | Title: President | | | | | |
| Processed 04/23/2014 | rocessed 04/23/2014 * Electronically provided signatures are accepted as original signatures. | | | | | | | |