

08/03/2012 12:01 FAX 208 334 2080

Idaho Secretary of State

001/003

No. W 41547	Reinstatement Annual Report Form ADMIN DISSOLVED 11/05/2009			2. Registered Agent and Office (NOT A P.O. BOX) TIMOTHY K WILLIAMS 771 W 200 N BLACKFOOT ID 83221																																					
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. WILLIAMS SALVAGE, LLC TIMOTHY K WILLIAMS PO BOX 86 MORELAND ID 83256			ED MUNSON 8736 CASTLE RIDGE LAS VEGAS NV 89129																																					
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature.																																					
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <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 checked="" type="checkbox"/></td> <td>TIMOTHY WILLIAMS</td> <td>771 W 200 N</td> <td>BLACKFOOT</td> <td>ID</td> <td>83221</td> <td></td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/></td> <td>ED MUNSON</td> <td>8736 CASTLE RIDGE</td> <td>AVE, LAS VEGAS NV</td> <td></td> <td></td> <td>89121</td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/></td> <td>Member <input type="checkbox"/></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 checked="" type="checkbox"/>	TIMOTHY WILLIAMS	771 W 200 N	BLACKFOOT	ID	83221		Manager <input checked="" type="checkbox"/>	ED MUNSON	8736 CASTLE RIDGE	AVE, LAS VEGAS NV			89121	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:  IDAHO W 41547	6. Signature:  Name (type or print): ED MUNSON	Date: 8/6/12 Title: Adm.																																							

Issued 08/03/2012 by LJC

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM