


08/03/2012 12:01 FAX 208 394 2080

Idaho Secretary of State

001/003

No. <b>W 41547</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 11/05/2009</b>		2. Registered Agent and Office (NOT A P.O. BOX) TIMOTHY K WILLIAMS 771 W 200 N BLACKFOOT ID 83221																																			
Return to: <b>SECRETARY OF STATE</b> 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. WILLIAMS SALVAGE, LLC TIMOTHY K WILLIAMS <b>ED MUNSON</b> <del>PO BOX 66</del> <b>8736 CASTLE RIDGE</b> <del>MORELAND ID 83256</del> <b>LAS VEGAS NV 89129</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 colspan="6">TIMOTHY WILLIAMS, 771 W 200 N, BLACKFOOT ID 83221</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td colspan="6">ED MUNSON, 8736 CASTLE RIDGE AVE, LAS VEGAS NV 89129</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></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"/>	TIMOTHY WILLIAMS, 771 W 200 N, BLACKFOOT ID 83221						Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ED MUNSON, 8736 CASTLE RIDGE AVE, LAS VEGAS NV 89129						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</b> <b>W 41547</b>		6. Signature:  Name (type or print): <b>ED MUNSON</b>		Date: <b>8/6/12</b> Title: <b>Asst.</b>																																		

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**