

No. C 34348		Due no later than Feb 29, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. W.T. WILLIAMS, INC. W T WILLIAMS 3094 N 3200 E TWIN FALLS ID 83301 USA		THOMAS A WILLIAMS 2941 E 2600 N TWIN FALLS ID 83301			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	THOMAS A WILLIAMS	2941 E. 2600 N.	TWIN FALLS	ID	USA	83301	
SECRETARY	WILLIAM J WILLIAMS	3128 N. 3200 E.	TWIN FALLS	ID	USA	83301	
DIRECTOR	REX A WILLIAMS	3196 B N. 3200 E.	TWIN FALLS	ID	USA	83301	
DIRECTOR	JEFFREY K WILLIAMS	3446 E. 3100 N.	KIMBERLY	ID	USA	83341	
DIRECTOR	WADE T WILLIAMS	1304 W. 3800 N.	HOWE	ID	USA	83244	
DIRECTOR	WYATT L WILLIAMS	2725 N. 3000 E.	TWIN FALLS	ID	USA	83301	
DIRECTOR	AARON G WILLIAMS	2900 E. 2600 N.	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 34348		6. Annual Report must be signed.* Signature: AARON WILLIAMS Name (type or print): AARON WILLIAMS					
		Date: 02/28/2016 Title: DIRECTOR					
Processed 02/28/2016 * Electronically provided signatures are accepted as original signatures.							