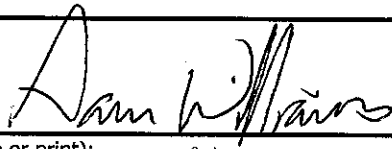


No. W 5667	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) AARON G WILLIAMS 2600 N 2900 E TWIN FALLS ID 83301																	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. WILLIAMS PROPERTIES, L.L.C. AARON G WILLIAMS 2600 N 2900 E TWIN FALLS ID 83301		3. <u>New</u> Registered Agent Signature.																	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6" rowspan="4" style="text-align: center; vertical-align: middle; font-size: 2em;">See Attached</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input type="checkbox"/>	See Attached						Manager <input type="checkbox"/> Member <input type="checkbox"/>	Manager <input type="checkbox"/> Member <input type="checkbox"/>	Manager <input type="checkbox"/> Member <input type="checkbox"/>
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Manager <input type="checkbox"/> Member <input type="checkbox"/>																				
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 5667</div>		6. Signature:  <hr/> Name (type or print): <u>Aaron Williams</u> <div style="float: right; text-align: right;"> Date: <u>6/18/2013</u> Title: <u>Member</u> </div>																		

Issued 06/20/2013 by KAH

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

	Name	Address	City	State	Zip
Member	Rex A. Williams	3196-B North 3200 East	Twin Falls	Idaho	83301
Member	Jeffery K. Williams	3446 East 3100 North	Kimberly	Idaho	83341
Member	Wade T. Williams	1304 West 3800 North	Howe	Idaho	83244
Member	Wyatt L. Williams	2725 North 3000 East	Twin Falls	Idaho	83301
Member	Aaron G. Williams	2900 East 2600 North	Twin Falls	Idaho	83301