FILED EFFECTIVE

No. W 112469	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015	2. Registered Agent and Office (NOT A P.O. BOX)
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. N L WILLIAMS, LLC NEIL M, WILLIAMS 2941 LHARTERT DR IDAHO FALLS ID 83404-7232 US	NEIL M WILLIAMS 2941 M HARTERT DR IDAHO FALLS ID 83404-7232
REINSTATEMENT FEE DUE: \$30.00		3. <u>New</u> Registered Agent Signature.
Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. Manager or Member Name Street or PO Address City State Country Postal Code Manager Member No. 1 M Williams 1941 Harler Or I Jaho Falls Id \$3404-7732 Manager Member Linda C Williams 1941 Harler Or. I Jaho Falls, Id. u. \$ 83404-7232 Manager Member Member Member		
5. Organized Under the Lat IDAHO W 112469	Name (type or print): Name (type Name)	Date: Luly 6, 2015 Gitte: y Manager

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office