

|                                                                                                                                                        |                    |                                                                                                                                                                                     |           |                                                         |                     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|---------------------------------------------------------|---------------------|
| No. <b>W 41547</b>                                                                                                                                     |                    | <b>Due no later than Aug 31, 2015</b>                                                                                                                                               |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>      |                     |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>WILLIAMS SALVAGE, LLC<br>ED MUNSON<br>8736 CASTLE RIDGE AVE<br>LAS VEGAS NV 89129 |           | TIMOTHY K WILLIAMS<br>771 W 200 N<br>BLACKFOOT ID 83221 |                     |
|                                                                                                                                                        |                    |                                                                                                                                                                                     |           | 3. <u>New</u> Registered Agent Signature:*              |                     |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                    |                                                                                                                                                                                     |           |                                                         |                     |
| Office Held                                                                                                                                            | Name               | Street or PO Address                                                                                                                                                                | City      | State                                                   | Country Postal Code |
| MEMBER                                                                                                                                                 | TIMOTHY K WILLIAMS | 771 W 200 N                                                                                                                                                                         | BLACKFOOT | ID                                                      | 83221               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 41547</b>                                                                                           |                    | 6. Annual Report must be signed.*<br>Signature: ED MUNSON<br>Name (type or print): ED MUNSON<br>Date: 06/25/2015<br>Title: ACCOUNTING                                               |           |                                                         |                     |
| Processed 06/25/2015                                                                                                                                   |                    | * Electronically provided signatures are accepted as original signatures.                                                                                                           |           |                                                         |                     |