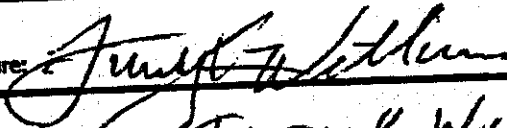


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To: Page 2 of 4

No. W 41547	Reinstatement Annual Report Form ADMIN DISSOLVED 11/09/2006		2. Registered Agent and Office (NOT A P.O. BOX) TIMOTHY K WILLIAMS 771 W 200 N BLACKFOOT ID 83221																					
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 SALVAGE, LLC TIMOTHY K WILLIAMS PO BOX 66 MORELAND ID 83256		3. New Registered Agent Signature: 2008 JUN -3 AM 10:03 SECRETARY OF STATE OF IDAHO																					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</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>Member PRES</td> <td>Timothy K. Williams</td> <td>771 W. 200 N.</td> <td>Blackfoot</td> <td>ID</td> <td></td> <td>83221</td> </tr> <tr> <td>Member</td> <td>Jake P. Williams</td> <td>769 W 200 N</td> <td>Blackfoot</td> <td>ID</td> <td></td> <td>83221</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Member PRES	Timothy K. Williams	771 W. 200 N.	Blackfoot	ID		83221	Member	Jake P. Williams	769 W 200 N	Blackfoot	ID		83221
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5. Organized Under the Laws of: IDAHO W 41547		6. Signature:  Name (type or print): <u>TIMOTHY K. WILLIAMS</u> Date: <u>5/31/08</u> Title: <u>Member PRES</u>																						

FILED EFFECTIVE