

No. W 10361	Due no later than Dec 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) H LYNN WILLIAMS 3344 NORTH 375 EAST REXBURG ID 83440																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. WILLIAMS-RICKS FAMILY LLC H LYNN WILLIAMS 3344 NORTH 375 EAST REXBURG ID 83440		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="width: 20%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 20%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>H, Lynn William</td> <td>3344 N 375 E</td> <td>Rexburg,</td> <td>Idaho</td> <td>USA</td> <td>83440</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Lynn & Nedra Williams</td> <td>3344 North 375 East</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td>Rexburg, ID 83440</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	H, Lynn William	3344 N 375 E	Rexburg,	Idaho	USA	83440	Manager <input type="checkbox"/> Member <input type="checkbox"/>	Lynn & Nedra Williams	3344 North 375 East					Manager <input type="checkbox"/> Member <input type="checkbox"/>		Rexburg, ID 83440					Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> IDAHO W 10361 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <i>H Lynn Williams</i> </td> <td style="width: 40%;"> Date: <i>11-8-13</i> </td> </tr> <tr> <td> Name (type or print): <u>Homer Lynn Williams</u> </td> <td> Title: <u>MANAGER</u> </td> </tr> </table>			Signature: <i>H Lynn Williams</i>	Date: <i>11-8-13</i>	Name (type or print): <u>Homer Lynn Williams</u>	Title: <u>MANAGER</u>																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM