No. W 183222 Return to:		Due no later than May 31, 2018 Annual Report Form			2. Registered Agent and Address (NO PO BOX) JON S HOLST			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address	s: Correct in this box if needed O WRECKING LANDS LLC	1	10126 N YELLOWSTONE HWY UCON ID 83454-8345 3. New Registered Agent Signature:*			
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of at	least one Member or Manager.	<u> </u>				
Office Held	Name		Street or PO Address	Cit	ty	State	Country	Postal Code
MEMBER	SHAUNA L	HOLST	P.O. BOX 486	UC	CON	ID	USA	83454
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Shauna L Holst			Date: 03/28/2018			
W 183222		Name (type or print): Shauna L Holst			Title: manager			
Processed 03/28/2018 * Electronically provided signatures are accepted as original signatures.								