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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------|---------------------|
| No. <b>W 69820</b>                                                                                                                                     |                   | <b>Due no later than Dec 31, 2017</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>SUTTON SALVAGE, LLC<br>MITCHELL LEE SUTTON<br>29061 OLD SPIRAL HIWAY<br>LEWISTON ID 83501 |          | MITCHELL L SUTTON<br>29061 OLD SPIRAL HIWAY<br>LEWISTON ID 83501 |                     |
|                                                                                                                                                        |                   |                                                                                                                                                                                             |          | 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 |
| MANAGER                                                                                                                                                | MITCHELL L SUTTON | 29061 OLD SPIRAL HIWAY                                                                                                                                                                      | LEWISTON | ID                                                               | 83501               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 69820</b>                                                                                           |                   | 6. Annual Report must be signed.*<br>Signature: Mitchell Sutton<br>Name (type or print): Mitchell Sutton<br>Date: 01/15/2018<br>Title: Member Manager                                       |          |                                                                  |                     |
| Processed 01/15/2018                                                                                                                                   |                   | * Electronically provided signatures are accepted as original signatures.                                                                                                                   |          |                                                                  |                     |