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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------------------|
| No. <b>W 59306</b>                                                                                                                                     |             | <b>Due no later than Feb 28, 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>1. Mailing Address: Correct in this box if needed.</b><br><br>JUNKYARD LLC (THE)<br>MARY WAHLEN<br>PO BOX 512<br>SALMON ID 83467  |        | MARY WAHLEN<br>407 MAIN ST<br>SALMON ID 83467      |                     |
|                                                                                                                                                        |             |                                                                                                                                      |        | 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                                                                                                                                                 | MARY WAHLEN | PO BOX 512                                                                                                                           | SALMON | ID                                                 | 83467               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 59306</b>                                                                                           |             | 6. Annual Report must be signed.*<br>Signature: MARY WAHLEN<br>Name (type or print): MARY WAHLEN<br>Date: 01/13/2017<br>Title: AGENT |        |                                                    |                     |
| Processed 01/13/2017                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                            |        |                                                    |                     |