No. <b>C 50875</b>		Due no later than Feb 29, 2012		2. Registered Agent and Address (NO PO BOX)				
Return to:	Α	Annual Report Form		JOHN D PARRY				
SECRETARY OF STATE	1. Mailing Add	1. Mailing Address: Correct in this box if needed.  WILLIAMS CORPORATION JOHN D PARRY 2400 E 25TH ST IDAHO FALLS ID 83404		2400 E 25TH ST IDAHO FALLS ID 83404				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	JOHN D PARRY							
	IDAHO FALLS ID			3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and E	usiness Addresses of Pro	esident, Secretary, and Directors. Treasu	ırer (optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
	WILLIAMS	11316 S. FOUR SOX COVE	SANDY	υT	USA	84092		
DIRECTOR MAISIE	WILLIAMS	11316 S. FOUR SOX COVE	SANDY	UΤ	USA	84092		
5. Organized Under the Laws of: 6. Annual Rep		ort must be signed.*						
ID Signature: N		aisie Williams Date: 12/08/2011						
C 50875	Name (type or p	Name (type or print): Maisie Williams			Title: President			
Processed 12/08/2011	* Electronically provided signatures are accepted as original signatures.							