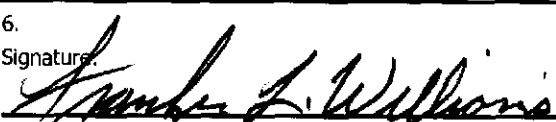


No. <b>W 23712</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 07/15/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> FRANKIE WILLIAMS 780 JONATHAN RD WEISER ID 83672
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> WILLIAMS TRUCKING LLC APRIL L WILLIAMS 780 JONATHAN RD WEISER ID 83672 USA		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member      Name      Street or PO Address      City      State      Country      Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> <u>Frankie L. Williams</u> <u>780 Jonathan Weiser Rd</u> <u>USA</u> <u>83672</u>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of:  <div style="text-align: center; font-size: large;"> <b>IDAHO</b>  <b>W 23712</b> </div>		6. Signature: <u></u> Name (type or print): <u>Frankie L. Williams</u> Date: <u>8/18/14</u> Title: <u>owner</u>	
Issued 07/31/2014 by CLH			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM