


**FILED EFFECTIVE**

<b>No. W 109267</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/07/2013</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> KELLY W SCHILKE <del>405 UNDERWOOD DR-</del> <del>PINEHURST ID 83850</del> 6887 N Windy Pines St, Coeur d'Alene, ID 83815																																										
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>	<b>1. Mailing Address: Correct in this box if needed.</b> NORTHWEST CONSOLIDATED PILOT CAR SERVICES LLC <del>PO BOX 1245</del> <del>PINEHURST ID 83850</del> 6887 N Windy Pines St, Coeur d'Alene, ID 83815		<b>3. New Registered Agent Signature.</b>																																										
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																													
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Kelly Schilke</td> <td>6887 N. Windy Pines St</td> <td>CPA</td> <td>ID</td> <td>Kootenai</td> <td>83815</td> </tr> <tr> <td></td> <td></td> <td></td> <td style="text-align: center;">^</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kelly Schilke	6887 N. Windy Pines St	CPA	ID	Kootenai	83815				^				Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;">             IDAHO              W 109267           </div>		<b>6.</b> Signature:  <hr/> Name (type or print): Kelly W. Schilke																																											
		Date: 2-23-2015 <hr/> Title: Manager																																											
Issued 02/23/2015 by online																																													