

FILED EFFECTIVE

No. W 148258		Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2017		2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM RIESER 4663 S ENTERPRISE ST BOISE ID 83705																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CLIFTON LOGISTICS, LLC TERRY CLIFTON 4663 S ENTERPRISE ST BOISE ID 83705		3. New Registered Agent Signature.																																				
REINSTATEMENT FEE DOUE: \$30.00																																								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																								
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Terry Clifton</td> <td>11823 W Dason Ct</td> <td>Boise</td> <td>ID</td> <td>83704</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"/>	Terry Clifton	11823 W Dason Ct	Boise	ID	83704		Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																		
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Terry Clifton	11823 W Dason Ct	Boise	ID	83704																																			
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: IDAHO W 148258		<table border="1"> <tr> <td>6.</td> <td>Signature: </td> <td>Date: _____</td> </tr> <tr> <td colspan="2">Name (type or print): TERRY CLIFTON</td> <td>Title: _____</td> </tr> <tr> <td colspan="3">MANAGER</td> </tr> </table>				6.	Signature: 	Date: _____	Name (type or print): TERRY CLIFTON		Title: _____	MANAGER																												
6.	Signature: 	Date: _____																																						
Name (type or print): TERRY CLIFTON		Title: _____																																						
MANAGER																																								
Issued 02/16/2018 by online																																								

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM