

No. <b>W 112309</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/23/2016</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> ROBERT WHITE 1201 MIDWAY AVE AMMON ID 83406 <div style="font-size: 1.2em; margin-top: 10px;">           987 KNOX PL            Star ID 83669         </div>
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> WHITESTONE LOGISTICS LLC CHRIS WHITE <del>1201 MIDWAY AVE.</del> <del>AMMON ID 83406</del> <div style="margin-top: 10px;">             168 Stone Run Ln.              Idaho Falls, ID 83404           </div>		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Robert L White	987 N Knox Pl	Star	ID		83706
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; margin-top: 20px;"> <b>IDAHO</b>  <b>W 112309</b> </div>	6. Signature: <u>Robert L. White</u> Date: <u>2/23/2017</u> <hr/> Name (type or print): <u>Robert L. White</u> Title: <u>Manager</u>
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Issued 02/23/2017 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM