

No. W 138981	Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017		2. Registered Agent and Office (NOT A P.O. BOX) WILLIAM BIESER 4663 S ENTERPRISE ST BOISE ID 83705																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. WSCS TRANSPORT, LLC WILLIS KNIGHT 4663 S ENTERPRISE ST BOISE ID 83705 <i>4470 NE Alexander Mountain Home ID 83647</i>		Way <i>WILLIS KNIGHT 4470 NE ALEXANDER MTN HOME ID 83647</i> 3. New Registered Agent Signature. <i>Willis J Knight</i>																																			
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 checked="" type="checkbox"/></td> <td>WILLIS KNIGHT</td> <td>4470 NE ALEXANDER WAY</td> <td>MOUNTAIN HOME</td> <td>ID</td> <td></td> <td>83647</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 checked="" type="checkbox"/>	WILLIS KNIGHT	4470 NE ALEXANDER WAY	MOUNTAIN HOME	ID		83647	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 checked="" type="checkbox"/>	WILLIS KNIGHT	4470 NE ALEXANDER WAY	MOUNTAIN HOME	ID		83647																																
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 138981	6. Signature: <i>Willis J Knight</i> Name (type or print): <i>Willis J Knight</i> sole Proprietor			Date: <i>4-17-18</i> Title: <i>4-17-18</i>																																		

Issued 03/27/2018 by SAT