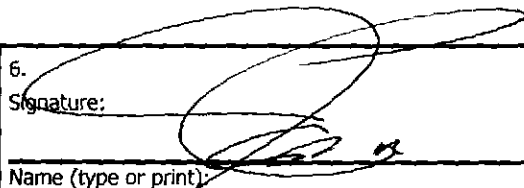


No. <b>W 94697</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 10/27/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> STACY SHELTON 663 MAIN AVE EAST TWIN FALLS ID 83301
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> WHITE CLOUD COMMUNICATION, LLC STACY L SHELTON 663 MAIN AVE EAST TWIN FALLS ID 83301		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"/> Stacy L. Shelton      663 Main Ave. E.      T.F.      ID      Twin Falls      83301			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> Joseph Shelton      "      Twp      ID      Twin Falls      83301			
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-weight: bold; font-size: 1.2em;">             IDAHO              W 94697           </div>		6.  Signature: _____ Name (type or print): <u>Joseph W. Shelton III</u> Date: <u>11.16.2017</u> Title: <u>Member</u>	