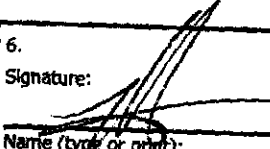


<b>No. W 131248</b>		<b>Reinstatement Annual Report Form</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b>																																				
<b>Return to:</b> SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		<b>ADMIN DISSOLVED 02/27/2018</b>		BRON LEATHAM 1272 N YELLOWSTONE HWY REXBURG ID 83440																																				
<b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>		<b>1. Mailing Address: Correct in this box if needed.</b> WHISKERS TRUCKING, LLC BRON A LEATHAM 1272 N YELLOWSTONE HWY REXBURG ID 83440		<b>3. New Registered Agent Signature.</b>																																				
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>																																								
<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 type="checkbox"/> Member <input checked="" type="checkbox"/></td><td>Heath Leatham</td><td>PO 429</td><td>Rexburg</td><td>ID</td><td>USA</td><td>83440</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Heath Leatham	PO 429	Rexburg	ID	USA	83440	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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Heath Leatham	PO 429	Rexburg	ID	USA	83440																																		
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																								
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																								
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																								
<b>5. Organized Under the Laws of:</b>  IDAHO W 131248		<b>6.</b> Signature:  Name (type or print): Heath Leatham Date: 3-7-18 Title: V.P.																																						
Issued 03/06/2018 by online																																								