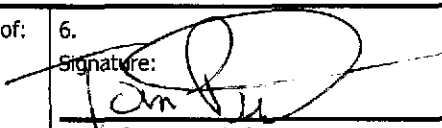
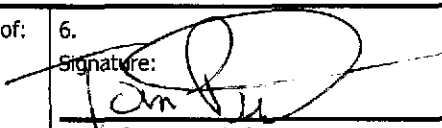
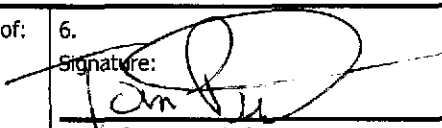


FILED EFFECTIVE

No. C 165401		Reinstatement Annual Report Form ADMIN DISSOLVED 06/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) THOMAS E PUCKETT 316N 2ND AVE. SUITE A-1 SANDPOINT ID 83864															
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. WHITE PINES INC. THOMAS E PUCKETT <del>316N 2ND AVE SUITE A-1</del> 215 Cedar St. SANDPOINT ID 83864		3. New Registered Agent Signature.															
REINSTATEMENT FEE DUE: \$30.00																			
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.																			
<table border="1"><thead><tr><th>Office Held</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>President</td><td>Thomas E. Puckett</td><td>215 Cedar St.</td><td>Sandpoint</td><td>ID</td><td>USA</td><td>83864</td></tr></tbody></table>						Office Held	Name	Street or PO Address	City	State	Country	Postal Code	President	Thomas E. Puckett	215 Cedar St.	Sandpoint	ID	USA	83864
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President	Thomas E. Puckett	215 Cedar St.	Sandpoint	ID	USA	83864													
5. Organized Under the Laws of:  IDAHO C 165401		6. <table border="1"><tr><td>Signature: </td><td>Date: 4/2/18</td></tr><tr><td>Name (type or print): Tom Puckett</td><td>Title: President</td></tr></table>				Signature: 	Date: 4/2/18	Name (type or print): Tom Puckett	Title: President										
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