

No. W 145583		Due no later than Dec 31, 2015 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. DK CHAPMAN 756 HOLSHEY, LLC DANIEL S CHAPMAN PO BOX 1026 OROFINO ID 83544		DANIEL S CHAPMAN 3 BLUE MOON LANE OROFINO ID 83544			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name KAREN LEE CHAPMAN	Street or PO Address 3 BLUE MOON LN. PO BOX 1026		City OROFINO	State ID	Country USA	Postal Code 83544
5. Organized Under the Laws of: ID W 145583		6. Annual Report must be signed.* Signature: Karen Chapman Name (type or print): Karen Chapman Date: 10/21/2015 Title: Sec.					
Processed 10/21/2015 * Electronically provided signatures are accepted as original signatures.							