| No. W 23711 | | Due no later than Apr 30, 2016 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|-----------------------|--|----------------------|-----------------|--|---------|-------------|--|
| Return to: | | Annual Report Form | | DEMISE L | DEMISE L HARRIMAN | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. D'LASHAYE LLC DEMISE L HARRIMAN 329 CREEKSIDE PL NAMPA ID 83686 | | NAMPA ID | 329 CREEKSIDE PL NAMPA ID 83686 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | | |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager. | | | | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | GER DEMISE L HARRIMAN | | 329 CREEKSIDE PL | NAMPA | ID | | 83686 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: DeMise Harriman | | | Date: 03/27/2016 | | | |
| W 23711 | | Name (type or | | Title: Owner | | | | |
| Processed 03/27/2016 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |