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| No. W 115902 | Due no later than Jul 31, 2015 Annual Report Form | 2. Registered Agent and Office (NOT A P.O. BOX) |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. DE.EL L.L.C. RICK SCHELL 741 PALMETTO DR EAGLE ID 83616 | RICK SCHELL 741 PALMETTO DR EAGLE ID 83616 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"/> | Rick Schell | 711 Palmetto | Eagle | ID | ADA | 83616 |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Jane Schell | 711 Palmetto | Eagle | ID | ADA | 83616 |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | |

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| 5. Organized Under the Laws of: IDAHO W 115902 | 6. Signature: <u></u> Date: <u>Aug 11 2015</u> Name (type or print): _____ Title: _____ |
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