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| No. W 9926 | Reinstatement Annual Report Form ADMIN DISSOLVED 01/05/2010 | | 2. Registered Agent and Office (NOT A P.O. BOX) DAVID E PARKINSON 654 MEADOWBROOK 251 RICKS AVE REXBURG ID 83440 |
| Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00 | 1. Mailing Address: Correct in this box if needed. D P P SERVICES, L.L.C. 1651 N 400 E #415 NORTH LOGAN UT 84341 251 RICKS AVENUE REXBURG, ID 83440 | | 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 type="checkbox"/> Member <input checked="" type="checkbox"/> | David Parkinson | 251 Ricks Ave. | Rexburg, | ID | | 83440 |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Christina Pallentin | 251 Ricks Ave. | Rexburg, | ID | | 83440 |
| 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: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 9926</div> | 6. Signature:  <hr/> Name (type or print): <div style="text-align: center;">David Parkinson</div> | Date: <hr/> <div style="text-align: center;">member</div> Title: <hr/> <div style="text-align: center;">1/9/2016</div> |
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