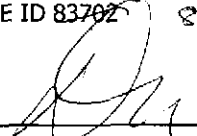



FILED EFFECTIVE

| No. <b>W 56073</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 02/08/2012</b>                                                                                                  |                       | 2. Registered Agent and Office<br><b>(NOT A P.O. BOX)</b><br>DC CARR 1000 S Roosevelt<br>250 SOUTH 5TH STREET #820<br>BOISE ID 83702 837205<br> |                                     |         |                      |      |       |         |             |                                                                             |         |                       |       |    |     |       |                                                                             |                 |                   |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------|----------------------|------|-------|---------|-------------|-----------------------------------------------------------------------------|---------|-----------------------|-------|----|-----|-------|-----------------------------------------------------------------------------|-----------------|-------------------|-------|----|-----|-------|------------------------------------------------------------------|--|--|--|--|--|--|------------------------------------------------------------------|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE<br/>DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | 1. Mailing Address: Correct in this box if needed.<br>DC LAW PLLC<br>DC CARR<br><del>250 S 5TH ST #820</del> 1000 S Roosevelt<br>BOISE ID <del>83702</del> USA<br>83705 |                       | 3. <u>New</u> Registered Agent Signature.                                                                                                                                                                                          |                                     |         |                      |      |       |         |             |                                                                             |         |                       |       |    |     |       |                                                                             |                 |                   |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>DC CARR</td> <td>1995 E Renaissance Dr</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83712</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jennifer Vornen</td> <td>5140 Marquand Ct.</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83704</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> |                                                                                                                                                                         |                       |                                                                                                                                                                                                                                    | Manager or Member                   | Name    | Street or PO Address | City | State | Country | Postal Code | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | DC CARR | 1995 E Renaissance Dr | Boise | ID | USA | 83712 | Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> | Jennifer Vornen | 5140 Marquand Ct. | Boise | ID | USA | 83704 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  |
| Manager or Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Name                                                                                                                                                                    | Street or PO Address  | City                                                                                                                                                                                                                               | State                               | Country | Postal Code          |      |       |         |             |                                                                             |         |                       |       |    |     |       |                                                                             |                 |                   |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | DC CARR                                                                                                                                                                 | 1995 E Renaissance Dr | Boise                                                                                                                                                                                                                              | ID                                  | USA     | 83712                |      |       |         |             |                                                                             |         |                       |       |    |     |       |                                                                             |                 |                   |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Jennifer Vornen                                                                                                                                                         | 5140 Marquand Ct.     | Boise                                                                                                                                                                                                                              | ID                                  | USA     | 83704                |      |       |         |             |                                                                             |         |                       |       |    |     |       |                                                                             |                 |                   |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |                       |                                                                                                                                                                                                                                    |                                     |         |                      |      |       |         |             |                                                                             |         |                       |       |    |     |       |                                                                             |                 |                   |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                         |                       |                                                                                                                                                                                                                                    |                                     |         |                      |      |       |         |             |                                                                             |         |                       |       |    |     |       |                                                                             |                 |                   |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>W 56073</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 6. Signature: <br>Name (type or print):<br>DC CARR                                     |                       |                                                                                                                                                                                                                                    | Date: 4/14/15<br><br>Title: MANAGER |         |                      |      |       |         |             |                                                                             |         |                       |       |    |     |       |                                                                             |                 |                   |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |
| Issued 04/14/2015 by JL1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                         |                       |                                                                                                                                                                                                                                    |                                     |         |                      |      |       |         |             |                                                                             |         |                       |       |    |     |       |                                                                             |                 |                   |       |    |     |       |                                                                  |  |  |  |  |  |  |                                                                  |  |  |  |  |  |  |

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form.** Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

**Block 2:** To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

**Block 3:** Only a **new** registered agent must sign in Block 3.

**Block 4:** Check either **Member** or **Manager**. Enter names and business addresses of managers or members of the limited liability company. **Note: DO NOT** put "same as last year" or "same as above". **These will not be accepted. Changes here will not affect the address in Block 1.** If more space is needed please add an attachment.