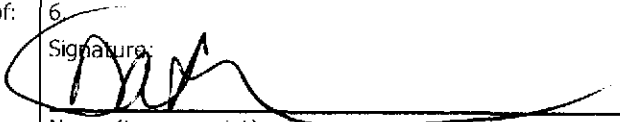


No. <b>W 101176</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/12/2015</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DANIELLE SHOEMAKER 93 BORGMAN LN STE 1 ST MARIES ID 83861
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> D B SHOEMAKER ENTERPRISES, LLC DANIELLE J SHOEMAKER <b>541 Evergreen Terrace</b> ST MARIES ID 83861 USA		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"/>	Danielle Shoemaker	541 Evergreen Terrace	8m.	Id.	P3861	
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Allen Shoemaker	541 Evergreen Terrace	8m.	Id.	P3861	
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of:  <div style="text-align: center;"> <b>IDAHO</b>  <b>W 101176</b> </div>	6. Signature:  Name (type or print): <b>Dani Shoemaker</b>	Date: <b>9-8-15</b> Title: <b>9-8-15</b>
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Issued 09/01/2015 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM