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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|------------------------------------------------------------------------------------------------------------------------------------------|-------|---------------------------------------------------------------|---------|------------------|--|
| No. <b>W 81952</b>                                                                                                                                     |                | <b>Due no later than Mar 31, 2017</b>                                                                                                    |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>            |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>DPL INVESTMENTS LLC<br>9839 W CABLE CAR ST<br>STE 101<br>BOISE ID 83709 |       | DAVID LABRIE<br>9839 W CABLE CAR ST STE 101<br>BOISE ID 83709 |         |                  |  |
|                                                                                                                                                        |                |                                                                                                                                          |       | 3. <u>New</u> Registered Agent Signature:*                    |         |                  |  |
| 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      |  |
| MEMBER                                                                                                                                                 | DAVID P LABRIE | 9839 W CABLE CAR ST STE 101                                                                                                              | BOISE | ID                                                            | USA     | 83709            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                | 6. Annual Report must be signed.*                                                                                                        |       |                                                               |         |                  |  |
| <b>ID<br/>W 81952</b>                                                                                                                                  |                | Signature: David LaBrie                                                                                                                  |       |                                                               |         | Date: 03/03/2017 |  |
|                                                                                                                                                        |                | Name (type or print): David LaBrie                                                                                                       |       |                                                               |         | Title: Manager   |  |
| Processed 03/03/2017                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                |       |                                                               |         |                  |  |