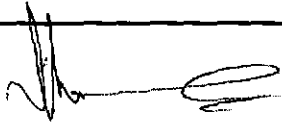


No. <b>W 107160</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/04/2012</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DEEPAK PRASHAR 4401 E ALDERSTONE ST NAMPA ID 83686
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> DK HOTEL MANAGEMENT LLC DEEPAK PRASHAR 4401 E ALDERSTONE ST NAMPA ID 83686		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 checked="" type="checkbox"/> Deepak Prashar      4401 E Alderstone St      Nampa ID 83686			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
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; font-weight: bold; font-size: large;">             IDAHO              W 107160           </div>		6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div style="width: 60%;">           Signature:   <hr/>           Name (type or print):            Deepak Prashar         </div> <div style="width: 35%;">           Date: 4/6/16  <hr/>           Title:            owner         </div> </div>	
Issued 04/06/2016 by CLH			

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM