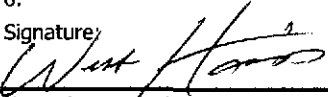


No. W 148425	Reinstatement Annual Report Form ADMIN DISSOLVED 06/05/2017		2. Registered Agent and Office (NOT A P.O. BOX) WESTLY HARRIS 6635 E HARRINGTON DR NAMPA ID 83687-8368
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. DEKATREE LLC WESTLY HARRIS 6635 E HARRINGTON DR NAMPA ID 83687 USA		3. <u>New</u> Registered Agent Signature.
REINSTATEMENT FEE DUE: \$30.00			
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"/>	<i>Westly Harris</i>	<i>6635 E. Harrington Dr</i>	<i>Nampa ID Canyon 83687</i>
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: 1.2em;"> IDAHO W 148425 </div>		6. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> Signature:  Name (type or print): _____ </div> <div style="width: 35%; text-align: right;"> Date: <u>12/15/17</u> Title: <u>mbr</u> </div> </div>	
Issued 12/14/2017 by online			