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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------|---------------------|
| No. <b>W 29073</b>                                                                                                                                     |              | <b>Due no later than Mar 31, 2018</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>DART SOLUTIONS, LLC<br>TODD D YOCUM<br>640 MAPLE<br>GRANGEVILLE ID 83530 |             | TODD D YOCUM<br>640 MAPLE<br>GRANGEVILLE ID 83530  |                     |
|                                                                                                                                                        |              |                                                                                                                                                                            |             | 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                                                                                                                                                 | TODD D YOCUM | 640 MAPLE                                                                                                                                                                  | GRANGEVILLE | ID                                                 | 83530               |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 29073</b>                                                                                           |              | 6. Annual Report must be signed.*<br>Signature: Todd D Yocum<br>Name (type or print): Todd D Yocum<br>Date: 01/23/2018<br>Title: Member                                    |             |                                                    |                     |
| Processed 01/23/2018                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                  |             |                                                    |                     |