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|--|----------------|--|------------|--|---------|-------------|--|
| No. W 45786 | | Due no later than Dec 31, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. DME, LLC MAUREEN R LOUCKS 1424 EVERGREEN DR TWIN FALLS ID 83301 | | MAUREEN LOUCKS 1424 EVERGREEN DR TWIN FALLS ID 83301 | | | |
| | | | | 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 | DAN NEVILLE | 390 BUCHANAN ST | TWIN FALLS | ID | USA | 83303-1073 | |
| MEMBER | MARK NEVILLE | 3587 N 3000 E | TWIN FALLS | ID | USA | 83301 | |
| MEMBER | EILEEN NEVILLE | 3301 KIPLING RD | BOISE | ID | USA | 83706 | |
| MEMBER | MAUREEN LOUCKS | 1424 EVERGREEN | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: ID W 45786 | | 6. Annual Report must be signed.* Signature: Maureen Loucks Name (type or print): Maureen Loucks Date: 11/12/2009 Title: Member/registered agent | | | | | |
| Processed 11/12/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |