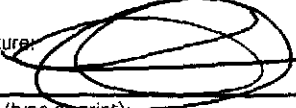


No. W 77986	Due no later than Sep 30, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) NATHANIEL RL MORRIS 1601 ESSINGTON CT NAMP A ID 83686																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. DISASTER MITIGATION COMPANY, LLC NATHANIEL RL MORRIS 1601 ESSINGTON CT NAMP A ID 83686		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Nate Morris</td> <td>1601 Essington Ct</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83686</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Amanda Morris</td> <td>1601 Essington Ct</td> <td>Nampa</td> <td>ID</td> <td></td> <td>83686</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Nate Morris	1601 Essington Ct	Nampa	ID		83686	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Amanda Morris	1601 Essington Ct	Nampa	ID		83686	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 77986		6. Signature:  Date: <u>11/14/17</u> Name (type or print): <u>Nate Morris</u> Title: <u>owner</u>																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**