



No. W 56997	Reinstatement Annual Report Form ADMIN DISSOLVED 03/08/2011		2. Registered Agent and Office (NOT A P.O. BOX)																																				
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. DBSI RIDGEVIEW DRIVE UNITS LLC 12426 W EXPLORER DR STE 220 BOISE ID 83713		DBSI-INC 12426 W EXPLORER DR BOISE ID 83713 Clearwater REI, LLC 1222 S. Vista Ave Boise ID 83705																																				
REINSTATEMENT FEE DUE: \$30.00	1222 S. Vista Ave Boise ID 83705		3. New 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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>John A. Bracksmith</td> <td>1222 S. Vista Ave</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83705</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> <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 checked="" type="checkbox"/> Member <input type="checkbox"/>	John A. Bracksmith	1222 S. Vista Ave	Boise	ID	USA	83705	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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 56997		6. Signature:  Date: 1/14/16 Name (type or print): John A. Bracksmith Title: Manager																																					

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM