No. <b>W 97342</b>		Due no later than Oct 31, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DAMON N SHAFF 1319 SANDLIN AVE MERIDIAN ID 83642  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  D.N.S. SOLUTIONS LLC JASON D SCHALLHORN  1319 SANDLIN AVE						
		MERIDIAN ID 83642		3. <u>New</u> Register				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Comp	anies: Enter Na	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER JASON SCHALLHORN MANAGER DAMON NELSON SHAFF		1319 SANDLIN AVE 4552 N FOOTHILL DRIVE	MERIDIAN BOISE	ID ID	USA USA	83642 83703		
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 97342		Signature: DS		Date:	Date: 09/27/2016			
		Name (type or print): DS		Title:	Title: Manager			
Processed 09/27/2016		* Electronically pro	ovided signatures are accepted as origina	l signatures.				