

10/25/2016 10:28 FAX

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| No. <b>W 142187</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 12/16/2015</b>                                                           |                                                                                                                             | 2. Registered Agent and Office<br>(NOT A P.O. BOX)<br>BRYAN SMITH<br>4159 E 421 N<br>RIGBY ID 83442 |       |                      |             |       |         |             |                                                                                        |               |                        |            |     |  |       |                                                                  |  |  |  |  |  |  |                                                                  |                 |                           |            |     |  |       |                                                                  |  |  |  |  |  |  |                                           |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------|----------------------|-------------|-------|---------|-------------|----------------------------------------------------------------------------------------|---------------|------------------------|------------|-----|--|-------|------------------------------------------------------------------|--|--|--|--|--|--|------------------------------------------------------------------|-----------------|---------------------------|------------|-----|--|-------|------------------------------------------------------------------|--|--|--|--|--|--|-------------------------------------------|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE<br/>DUE: \$30.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | 1. Mailing Address: Correct in this box if needed.<br>DJS FAMILY HOLDINGS, LLC<br>13089 S PTARMIGAN GATE ROAD<br>DRAPER UT 84020 |                                                                                                                             |                                                                                                     |       |                      |             |       |         |             |                                                                                        |               |                        |            |     |  |       |                                                                  |  |  |  |  |  |  |                                                                  |                 |                           |            |     |  |       |                                                                  |  |  |  |  |  |  |                                           |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<br><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 checked="" type="checkbox"/></td> <td>Dale E. Smith</td> <td>13089 So. Ptarmigan Rd</td> <td>Draper, ut</td> <td>USA</td> <td></td> <td>84020</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>Joanne D. Smith</td> <td>13089 So. Ptarmigan Gt Rd</td> <td>Draper, ut</td> <td>USA</td> <td></td> <td>84020</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 checked="" type="checkbox"/> | Dale E. Smith | 13089 So. Ptarmigan Rd | Draper, ut | USA |  | 84020 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> | Joanne D. Smith | 13089 So. Ptarmigan Gt Rd | Draper, ut | USA |  | 84020 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | 3. <u>Now</u> Registered Agent Signature. |
| Manager or Member                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Name                                                                                                                             | Street or PO Address                                                                                                        | City                                                                                                | State | Country              | Postal Code |       |         |             |                                                                                        |               |                        |            |     |  |       |                                                                  |  |  |  |  |  |  |                                                                  |                 |                           |            |     |  |       |                                                                  |  |  |  |  |  |  |                                           |
| Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Dale E. Smith                                                                                                                    | 13089 So. Ptarmigan Rd                                                                                                      | Draper, ut                                                                                          | USA   |                      | 84020       |       |         |             |                                                                                        |               |                        |            |     |  |       |                                                                  |  |  |  |  |  |  |                                                                  |                 |                           |            |     |  |       |                                                                  |  |  |  |  |  |  |                                           |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                  |                                                                                                                             |                                                                                                     |       |                      |             |       |         |             |                                                                                        |               |                        |            |     |  |       |                                                                  |  |  |  |  |  |  |                                                                  |                 |                           |            |     |  |       |                                                                  |  |  |  |  |  |  |                                           |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Joanne D. Smith                                                                                                                  | 13089 So. Ptarmigan Gt Rd                                                                                                   | Draper, ut                                                                                          | USA   |                      | 84020       |       |         |             |                                                                                        |               |                        |            |     |  |       |                                                                  |  |  |  |  |  |  |                                                                  |                 |                           |            |     |  |       |                                                                  |  |  |  |  |  |  |                                           |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                  |                                                                                                                             |                                                                                                     |       |                      |             |       |         |             |                                                                                        |               |                        |            |     |  |       |                                                                  |  |  |  |  |  |  |                                                                  |                 |                           |            |     |  |       |                                                                  |  |  |  |  |  |  |                                           |
| 5. Organized Under the Laws of:<br><br><b>IDAHO<br/>W 142187</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                  | 6. Signature: <u>Dale E Smith</u> Date: <u>10-25-16</u><br>Name (type or print): <u>Dale E. Smith</u> Title: <u>manager</u> |                                                                                                     |       |                      |             |       |         |             |                                                                                        |               |                        |            |     |  |       |                                                                  |  |  |  |  |  |  |                                                                  |                 |                           |            |     |  |       |                                                                  |  |  |  |  |  |  |                                           |

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