No. <b>W 103707</b>		Due no later than May 31, 2012 Annual Report Form  1. Mailing Address: Correct in this box if needed.  DSA LLC JARED STOWELL 1360 ALBION AVE BURLEY ID 83318		2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080					JARED STOWELL 2138 QUAIL RIDGE DR AMMON ID 83401  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar		mes and Addresses of a	t least one Member or Manager					
Office Held	Name	ries and ridal esses of a	Street or PO Address		City	State	Country	Postal Code
MANAGER	ANAGER JARED STOW		2138 QUAIL RIDGE DR		AMMON	ID	USA	83401
5. Organized Under the Laws of:  ID  W 103707		6. Annual Report must be signed.* Signature: Jared Stowell Name (type or print): Jared Stowell			Date: 03/13/2012 Title: Manager			
Processed 03/13/2012 * Electronically provided signatures are accepted as original signatures.								