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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------|---------|-------------|--|
| No. <b>W 36867</b>                                                                                                                                     |                          | <b>Due no later than Feb 28, 2014</b>                                                                                                                                                                          |        | 2. Registered Agent and Address <b>(NO PO BOX)</b>                                  |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                          | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>D & L MANAGEMENT, LLC<br>C/O IDAHO ESTATE PLANNING PC<br>839 E WINDING CREEK DR<br>STE 102<br>EAGLE ID 83616 |        | IDAHO ESTATE PLANNING PC<br>839 E WINDING CREEK DR STE 102<br>EAGLE ID 83616<br>USA |         |             |  |
|                                                                                                                                                        |                          |                                                                                                                                                                                                                |        | 3. <u>New</u> Registered Agent Signature:*                                          |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |                          |                                                                                                                                                                                                                |        |                                                                                     |         |             |  |
| Office Held                                                                                                                                            | Name                     | Street or PO Address                                                                                                                                                                                           | City   | State                                                                               | Country | Postal Code |  |
| MANAGER                                                                                                                                                | DUANE B HARRISON         | 508 PEACH ST                                                                                                                                                                                                   | EMMETT | ID                                                                                  | USA     | 83617       |  |
| MANAGER                                                                                                                                                | LILLIAN AGNES M HARRISON | 508 PEACH ST                                                                                                                                                                                                   | EMMETT | ID                                                                                  | USA     | 83617       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 36867</b>                                                                                           |                          | 6. Annual Report must be signed.*<br>Signature: Duane Harrison<br>Name (type or print): Duane Harrison<br>Date: 01/30/2014<br>Title: Manager                                                                   |        |                                                                                     |         |             |  |
| Processed 01/30/2014                                                                                                                                   |                          | * Electronically provided signatures are accepted as original signatures.                                                                                                                                      |        |                                                                                     |         |             |  |