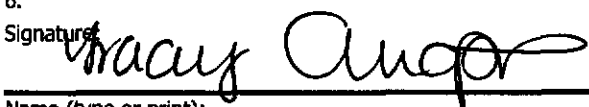
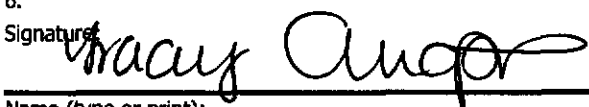
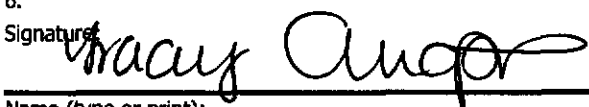


No. W 98593	Reinstatement Annual Report Form ADMIN DISSOLVED 03/12/2012		2. Registered Agent and Office (NOT A P.O. BOX) THOMAS J ANGSTMAN 3649 LAKE HARBOR LN BOISE ID 83703																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. DC14, LLC TRACEY ANGSTMAN 9473 PANDION CT BOISE ID 83714		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 15%;">Manager or Member</th> <th style="text-align: left; width: 25%;">Name</th> <th style="text-align: left; width: 30%;">Street or PO Address</th> <th style="text-align: left; width: 10%;">City</th> <th style="text-align: left; width: 10%;">State</th> <th style="text-align: left; width: 10%;">Country</th> <th style="text-align: left; width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Tracey Angstman</td> <td>9473 Pandion Court</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83714</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"/>	Tracey Angstman	9473 Pandion Court	Boise	ID	USA	83714	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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 98593 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; vertical-align: top;"> Signature:  <hr/> Name (type or print): <u>Tracey Angstman</u> </td> <td style="width: 40%; vertical-align: top;"> Date: <u>10/10/12</u> <hr/> Title: <u>Manager</u> </td> </tr> </table>		Signature:  <hr/> Name (type or print): <u>Tracey Angstman</u>	Date: <u>10/10/12</u> <hr/> Title: <u>Manager</u>																																	
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