

|                                                                                                                                                        |                  |                                                                                                                                                          |          |                                                            |         |                        |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------|---------|------------------------|--|
| No. <b>W 34813</b>                                                                                                                                     |                  | <b>Due no later than Nov 30, 2007</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>1. Mailing Address: Correct in this box if needed.</b><br><br>DBSI DECATUR LEASECO LLC<br>DOUGLAS L. SWENSON<br>1550 S TECH LANE<br>MERIDIAN ID 83642 |          | DOUGLAS L SWENSON<br>1550 S TECH LANE<br>MERIDIAN ID 83642 |         |                        |  |
|                                                                                                                                                        |                  |                                                                                                                                                          |          | 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                                                                                                                                                | DBSI HOUSING INC | 1550 S TECH LANE                                                                                                                                         | MERIDIAN | ID                                                         | USA     | 83642                  |  |
| 5. Organized Under the Laws of:                                                                                                                        |                  | 6. Annual Report must be signed.*                                                                                                                        |          |                                                            |         |                        |  |
| <b>ID<br/>W 34813</b>                                                                                                                                  |                  | Signature: Shannon Smith                                                                                                                                 |          |                                                            |         | Date: 11/19/2007       |  |
|                                                                                                                                                        |                  | Name (type or print): Shannon Smith                                                                                                                      |          |                                                            |         | Title: Legal Assistant |  |
| Processed 11/19/2007                                                                                                                                   |                  | * Electronically provided signatures are accepted as original signatures.                                                                                |          |                                                            |         |                        |  |