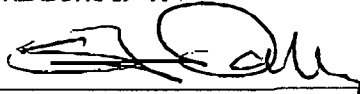


No. W 112472	Reinstatement Annual Report Form ADMIN DISSOLVED 06/12/2015		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. A.P. UNITED SERVICES, LLC AARON PHILLIPS <i>STEVEN DALLING</i> PO BOX 2122 <i>P.O. Box 398</i> IDAHO FALLS ID 83403 USA <i>REXBURG ID. 83440</i>		STEVEN L DALLING 859 S YELLOWSTONE HWY #306 REXBURG ID 83440  3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <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 ☐ Member ☒</td> <td><i>DALLING Enterprises, LLC</i></td> <td><i>PO BOX 398</i></td> <td><i>REXBURG ID.</i></td> <td></td> <td></td> <td><i>83440</i></td> </tr> <tr> <td>Manager ☒ Member ☐</td> <td><i>Steven Dalling</i></td> <td><i>4077 Cambridge Cir</i></td> <td><i>Reigny ID.</i></td> <td></td> <td></td> <td><i>83442</i></td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	<i>DALLING Enterprises, LLC</i>	<i>PO BOX 398</i>	<i>REXBURG ID.</i>			<i>83440</i>	Manager ☒ Member ☐	<i>Steven Dalling</i>	<i>4077 Cambridge Cir</i>	<i>Reigny ID.</i>			<i>83442</i>	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 112472	6. Signature:  Name (type or print): <i>STEVEN DALLING FOR DALLING ENTERPRISES, LLC</i>			Date: <i>7/15/15</i> Title: <i>Manager</i>																																		

Issued 08/05/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**Block 1:** Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the