

<b>No. W 160129</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/27/2018</b>		<b>2. Registered Agent and Office</b> <b>(NOT A P.O. BOX)</b> CHRIS HENDERSON 461 NORTH 10TH ST MONTPELIER ID 83254-8325
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	<b>1. Mailing Address: Correct in this box if needed.</b> DCH SERVICES LLC <del>CHRIS HENDERSON</del> <i>DAVID C Henderson</i> 461 NORTH 10TH ST MONTPELIER ID 83254		<b>3. <u>New</u> Registered Agent Signature.</b>
<b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b>			
<b>Manager or Member</b>	<b>Name</b>	<b>Street or PO Address</b>	<b>City State Country Postal Code</b>
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>DC Henderson</i>	<i>461 N 10th</i>	<i>MONTPELIER ID 83254</i>
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
<b>5. Organized Under the Laws of:</b>  <div style="text-align: center; font-size: 1.2em;"> <b>IDAHO</b>  <b>W 160129</b> </div>		<b>6.</b> Signature: <i>[Signature]</i> Date: <i>4-16-18</i> <hr/> Name (type or print): <i>David C Henderson</i> Title: <i>MANAGER</i>	

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