

|                                                                                                                                                        |               |                                                                                                                                                |             |                                                            |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|------------------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------------|---------|-------------|--|
| No. <b>C 193092</b>                                                                                                                                    |               | Due no later than Dec 31, 2016<br><b>Annual Report Form</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>DAS SOLUTIONS, INC.<br>DON W COPLEY JR<br>806 COACHMAN DR<br>IDAHO FALLS ID 83402 |             | DON W COPLEY JR<br>806 COACHMAN DR<br>IDAHO FALLS ID 83402 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                                |             | 3. <u>New</u> Registered Agent Signature:*                 |         |             |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).                                      |               |                                                                                                                                                |             |                                                            |         |             |  |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                                                                                           | City        | State                                                      | Country | Postal Code |  |
| SECRETARY                                                                                                                                              | LISA J COPLEY | 806 COACHMAN DRIVE                                                                                                                             | IDAHO FALLS | ID                                                         | USA     | 83402       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 193092</b>                                                                                          |               | 6. Annual Report must be signed.*<br>Signature: Lisa<br>Name (type or print): Lisa<br>Date: 12/04/2016<br>Title: Copley                        |             |                                                            |         |             |  |
| Processed 12/04/2016                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                                      |             |                                                            |         |             |  |