No. W 2043		Due no later than Feb 28, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. DP MANAGEMENT, L.C. DANIEL T POLATIS 131 S 1075 W BLACKFOOT ID 83221-6016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				1820 E 17Th	PROTECTION SERVICES INC 1820 E 17TH S SUITE 200 IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
				3. <u>New</u> Registe				
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 DANIEL T PO		OLATIS	131 S 1075 W	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Da	Date:	Date: 03/25/2017				
W 2043		Name (type o	Title:	Title: Operating Manager				
Processed 03/25/2017 * Electronically provided signatures are accepted as original signatures.								