


No. <b>W 134237</b>  Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016</b>  <b>1. Mailing Address: Correct in this box if needed.</b> DSG ENTERPRISES LLC DAVID M GILLMAN <del>262 E WILLOWCREEK DR</del> <del>MIDDLETON ID 83644</del> 2143 Pilgrim Way Middleton, ID 83644	<b>2. Registered Agent and Office (NOT A P.O. BOX)</b> DAVID M GILLMAN <del>262 E WILLOWCREEK DR</del> <del>MIDDLETON ID 83644</del> 2143 Pilgrim Way Middleton, ID 83644  <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> <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 <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>David Gillman</td> <td>2143 Pilgrim Way</td> <td>Middleton</td> <td>ID</td> <td>USA</td> <td>83644</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input type="checkbox"/> Member <input checked="" type="checkbox"/>	David Gillman	2143 Pilgrim Way	Middleton	ID	USA	83644	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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<b>5. Organized Under the Laws of:</b>  IDAHO W 134237	<b>6.</b> Signature:  Date: <u>3/22/18</u> Name (type or print): <u>David Gillman</u> Title: _____																																				

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### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Although the use of this form is optional, pay special attention to the mailing address. If the correct