


No. W 34011	Reinstatement Annual Report Form ADMIN DISSOLVED 01/16/2014		2. Registered Agent and Office (NOT A P.O. BOX) DARIN V ROSE 346 W 4TH ST KUNA ID 83634																																			
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. D.V.R. GOLD-N-CRAFT LLC DARIN V ROSE 346 W 4TH ST KUNA ID 83634 USA		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Darin V. Rose</td> <td>951 Tenkato Ct.</td> <td>Kuna ID</td> <td>USA</td> <td></td> <td>83634</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Dawn E. Rose</td> <td>951 Tenkato Ct.</td> <td>Kuna ID</td> <td>USA</td> <td></td> <td>83634</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"/>	Darin V. Rose	951 Tenkato Ct.	Kuna ID	USA		83634	Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	Dawn E. Rose	951 Tenkato Ct.	Kuna ID	USA		83634	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 34011	6. Signature:  Date: <u>2-3-14</u> Name (type or print): <u>Darin V. Rose</u> Title: <u>Manager</u>																																					
Issued 02/03/2014 by JL1																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM