

No. W 28166	Due no later than Jan 31, 2013 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHARLES A BROWN 324 MAIN ST LEWISTON ID 83501																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. D.L.P. HOLDINGS LLC PO BOX 1225 LEWISTON ID 83501		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: 5%;">State</th> <th style="width: 5%;">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>Larsen Family Holdings LLC,</td> <td>2021 Carol Drive,</td> <td>Lewiston,</td> <td>ID</td> <td></td> <td>83501</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Carl Dettwiler,</td> <td>1630 23rd Avenue, Ste 701,</td> <td>Lewiston,</td> <td>ID</td> <td></td> <td>83501</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Michael K. & Deborah Parent,</td> <td>550 19th Ave.,</td> <td>Lewiston,</td> <td>ID</td> <td></td> <td>83501</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"/>	Larsen Family Holdings LLC,	2021 Carol Drive,	Lewiston,	ID		83501	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Carl Dettwiler,	1630 23rd Avenue, Ste 701,	Lewiston,	ID		83501	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Michael K. & Deborah Parent,	550 19th Ave.,	Lewiston,	ID		83501	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 28166 </div>	6. Signature: <u>Michael K Parent M.D.</u> Date: <u>Nov 20 2012</u> <hr/> Name (type or print): <u>Michael K. Parent, M.D.</u> Title: <u>Member</u>																																					
Issued 11/14/2012 by PEH		111409																																				