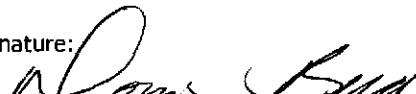
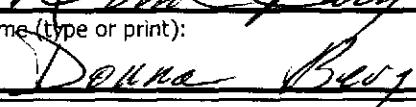


<p>No. W 65272</p> <p>Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080</p> <p>REINSTATEMENT FEE DUE: \$30.00</p>		<p>Reinstatement Annual Report Form ADMIN DISSOLVED 11/10/2010</p> <p>1. Mailing Address: Correct in this box if needed. DLB ENTERPRISES, LLC 3296 S HOLDEN AVE BOISE ID 83706</p>	<p>2. Registered Agent and Office (NOT A P.O. BOX) DONNA BERG 3296 S HOLDEN AVE BOISE ID 83706</p> <p>3. New Registered Agent Signature.</p>																																			
<p>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</p> <table> <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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6">Donna Berg 3296 S Holden Ave, Id. 83706</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td colspan="6"></td> </tr> </tbody> </table>				Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Donna Berg 3296 S Holden Ave, Id. 83706						Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Donna Berg 3296 S Holden Ave, Id. 83706																																					
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
<p>5. Organized Under the Laws of:</p> <p>IDAHO W 65272</p>		<p>6.</p> <p>Signature:  Name (type or print): </p> <p>Date: <u>8/10/15</u> Title: <u>8/10/15</u></p>																																				
<p>Issued 08/10/2015 by online</p>																																						

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM