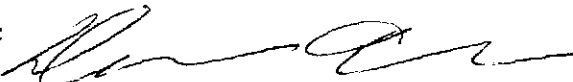


No. W 114090	Reinstatement Annual Report Form ADMIN DISSOLVED 08/12/2013		2. Registered Agent and Office (NOT A P.O. BOX) DERON ALEXANDER 5315 E ORCHARD AVE 2513 E NAMPA ID 83687 Cinnamon Ln Nampa ID 83687
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. DNADISTRIBUTORS L.L.C. DERON ALEXANDER 5315 E ORCHARD AVE 2513 E NAMPA ID 83687 Cinnamon Ln Nampa ID 83687		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> DERON Alexander 2513 E Cinnamon Ln Nampa ID US 83687			
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 114090 </div>	6. Signature:  Date: 6/12/15 <hr/> Name (type or print): DERON Alexander Title: Owner		
Issued 06/12/2015 by CLH			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM