







STATE OF IDAHO

Office of the secretary of state, Lawerence Denney REINSTATEMENT ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301

Filing Fee: \$30.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

File #: 0003789798

Date Filed: 2/27/2020 12:19:32 PM

| Deinstetement Annual Denest 5 | | | | | |
|---|-----------------------|-------------------------------------|--------------------------------------|----|--|
| Reinstatement Annual Report Form Select one: Standard, Expedited or Same Day Service (see descriptions below) | | Standard (filing fee \$30) | | | |
| Current Entity Name | | D N K SOLUTIONS, LLC. | | | |
| The file number of this entity on the records of the Idaho Secretary of State is: | | 0000576861 | | | |
| Organized under the laws of: | | IDAHO | | | |
| Entity Type: | | Limited Liability Company (D) | | | |
| Entity Subtype: | | | | | |
| Limited Liability Company Subtype | | Limited Liability Company | | | |
| Limited Liability Company Name: Limited Liability Company name | | D N K SOLUTIONS, LLC. | | | |
| The registered agent on record is: | | | | | |
| Registered Agent | | | KENDALL VELDER | | |
| | | Registered Agent | | | |
| | | Physical Address 524 S RETORT PLACE | | | |
| | | KUNA, ID 83634 | | | |
| | | Mailin | g Address | | |
| The name and street address of the new registered agent and | d office in Idaho is: | | | | |
| Registered Agent | | | stered Agent | | |
| | | Dianna Velder Physical Address: | | | |
| | | 11996 W PRECEPT LN | | | |
| | | KUNA, ID 83634 | | | |
| | | Mailing Address: DIANNA | | | |
| | | 11996 W PRECEPT LN | | | |
| | | KUN | A, ID 83634-5203 | | |
| ☐ I affirm that the registered agent appointed has consented to serve as registered agent for this entity. | | | | | |
| The mailing address of the corporation is: | | | | | |
| 11996 W PRECEPT LN KUNA, ID 83634-5203 | | | | | |
| Limited Liability Company Managers and Members | | | | 1 | |
| Name | Title | | Address | | |
| + Dianna Velder | Manager | | 11996 W PRECEPT LN KUNA, ID 83634 | | |
| The Application for Reinstatement must be signed by at least | one governor. | | | | |
| Dianna Velder | | | 02/27/20 | 20 | |
| Sign Here | | | Date | | |
| | | | Date | | |
| Job Title: Owner | | | | | |