


No. <b>W 106178</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 12/01/2014</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DOUGLAS B ROPER 910 N FAIRWAY DR PRESTON ID 83263
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. DLR ENTERPRISES, LLC DOUGLAS B ROPER 910 N FAIRWAY DR PRESTON ID 83263		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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Lynne T Roper	910 N Fairway dr	Preston	ID		83263
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Douglas B Roper	"	"			
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;"> <b>IDAHO</b>  <b>W 106178</b> </div>	6. Signature:  <hr/> Name (type or print): <u>Douglas B. Roper</u> <div style="float: right; text-align: right;">           Date: <u>5-20-15</u>            Title: <u>Manager</u> </div>
---	--

Issued 05/21/2015 by online

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

**Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected**