


No. W 140983	Reinstatement Annual Report Form ADMIN DISSOLVED 11/17/2015		2. Registered Agent and Office (NOT A P.O. BOX) BRANDY FREEMAN 3045 N 4TH E IDAHO FALLS ID 83401
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. DEK-ZONE, LLC 2184 CHANNING WAY PMB 134 IDAHO FALLS ID 83404		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"/> <u>Ryan Bellard</u> <u>Idaho</u> <u>10</u> <u>Bonneville</u>			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <u>Brandy Freeman P.O. box 401</u> <u>Falls</u> <u>10</u> <u>Jefferson</u> <u>83443</u>			
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;"> IDAHO W 140983 </div>		Signature:  Name (type or print): <u>Brandy Freeman</u> Date: <u>10/9/15</u> Title: <u>Owner</u>	
Issued 12/07/2015 by online			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM