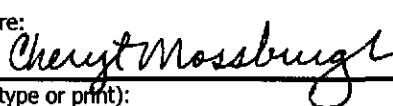
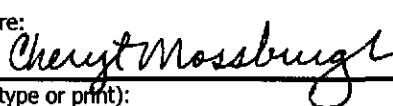
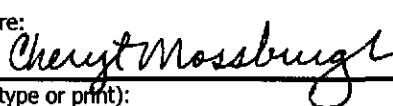


No. W 117292	Due no later than Sep 30, 2014 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CHERYL MOSSBURGH 3153 W YUKON AVE POST FALLS ID 83854
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. DELSEY, LLC 3153 W YUKON AVE POST FALLS ID 83854		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"/>	CHERYL MOSSBURGH	3153 W. Yukon Ave.	Post Falls,	Id	USA	83854
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	FLOYD MOSSBURGH	3153 W. Yukon Ave.	Post Falls,	Id.	USA	83854
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	RUSSELL MOSSBURGH	E. 1619 OLYMPIC	Spokane,	WA.	USA	99207
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	ROD MOSSBURGH	818 Garden Ave #1	Coeur d'Alene,	Id.	USA	83814

*** SEE ATTACHED ***

5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;"> IDAHO W 117292 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  </td> <td style="width: 40%; text-align: center;"> Date: FILED 07.21.2014 </td> </tr> <tr> <td> Name (type or print): CHERYL MOSSBURGH </td> <td> Title: MANAGER </td> </tr> </table>	Signature: 	Date: FILED 07.21.2014	Name (type or print): CHERYL MOSSBURGH	Title: MANAGER
Signature: 	Date: FILED 07.21.2014				
Name (type or print): CHERYL MOSSBURGH	Title: MANAGER				

Issued 07/14/2014 by CLH
122907

#4.

☒ MEMBER NORYAN J. Mossburgh

818 Garden Ave. #1 Coeur d'Alene, Id, USA 83814