

|                                                                                                                                                        |             |                                                                                                                                                                          |        |                                                    |         |                  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------|----------------------------------------------------|---------|------------------|--|
| No. <b>W 69196</b>                                                                                                                                     |             | <b>Due no later than Dec 31, 2014</b>                                                                                                                                    |        | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |             | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>DBSI HIGHWAY 60 LLC<br>KATHY LORDS<br>1194 N 3300 E<br>ASHTON ID 83420 |        | DEB COLEMAN<br>414 RIVER RD<br>ST ANTHONY 83445    |         |                  |  |
|                                                                                                                                                        |             |                                                                                                                                                                          |        | 3. <u>New</u> Registered Agent Signature:*         |         |                  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |             |                                                                                                                                                                          |        |                                                    |         |                  |  |
| Office Held                                                                                                                                            | Name        | Street or PO Address                                                                                                                                                     | City   | State                                              | Country | Postal Code      |  |
| MEMBER                                                                                                                                                 | KATHY LORDS | 1194 N 3300 E                                                                                                                                                            | ASHTON | ID                                                 | USA     | 83420            |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                                                        |        |                                                    |         |                  |  |
| <b>ID<br/>W 69196</b>                                                                                                                                  |             | Signature: Kathy Lords                                                                                                                                                   |        |                                                    |         | Date: 12/22/2014 |  |
|                                                                                                                                                        |             | Name (type or print): Kathy Lords                                                                                                                                        |        |                                                    |         | Title: Member    |  |
| Processed 12/22/2014                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                                |        |                                                    |         |                  |  |