No. <b>W 11062</b>		Due no later than Feb 28, 2015		2. Registered Agent and Address (NO PO BOX)				
Return to:	Ann	Annual Report Form		KATHY STOWELL 66 E 338 NORTH SHOSHONE 83352  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	DENGARI, L.L.C. GARY E FREEMAN 810 SO TWIN PINE							
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Companies: Enter	Names and Addresses of a	at least one Member or Manager.						
Office Held Name		Street or PO Address	C	City	State	Country	Postal Code	
	FREEMAN 1 FREEMAN	810 S TWIN PINE DR 810 S TWIN PINE DR		INE INE	ID ID		83647 83647	
5. Organized Under the Laws of:	6. Annual Report must	Annual Report must be signed.*						
ID	Signature: Gary E F	Signature: Gary E Freeman			Date: 12/18/2014			
W 11062	Name (type or print	Name (type or print): Gary E Freeman			Title: Member			
Processed 12/18/2014	* Electronically provide	* Electronically provided signatures are accepted as original signatures.						