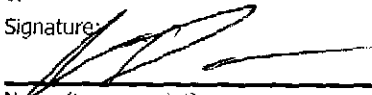
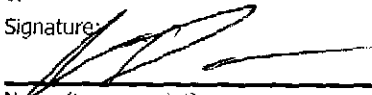
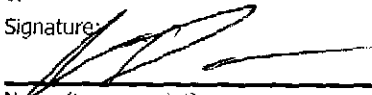


No. W 129085	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) JONATHAN DEAUSTIN 10376 W HENRYS LAKE DR BOISE ID 83709 5798 W Rotherham Dr. Eagle, ID 83616
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. DIP BOISE LLC ASHLEY DEAUSTIN 10376 W HENRYS LAKE DR BOISE ID 83709 5798 W Rotherham Dr. Eagle, ID 83616		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"/>	Ashley DeAustin	5798 W Rotherham Dr.	Eagle	ID	Adm	83616
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Jonathan DeAustin	5798 W Rotherham Dr.	Eagle	ID	Adm	83616
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 129085 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): <u>Jonathan DeAustin</u> </td> <td style="width: 40%;"> Date: <u>04 APR 2016</u> Title: <u>Manager</u> </td> </tr> </table>	Signature:  Name (type or print): <u>Jonathan DeAustin</u>	Date: <u>04 APR 2016</u> Title: <u>Manager</u>
Signature:  Name (type or print): <u>Jonathan DeAustin</u>	Date: <u>04 APR 2016</u> Title: <u>Manager</u>		

Issued 04/04/2016 by TLB

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM