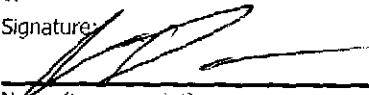


No. W 129085	Reinstatement Annual Report Form ADMIN DISSOLVED 12/16/2015		2. Registered Agent and Office (NOT A P.O. BOX) JONATHAN DEAUSTIN 10376 W HENRYS LAKE DR BOISE ID 83709 5798 W Rotherham Dr. Eagle, ID 83616																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 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. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 15%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Ashley DeAustin</td> <td>5798 W Rotherham Dr.</td> <td>Eagle</td> <td>ID</td> <td>Adm</td> <td>83616</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Jonathan DeAustin</td> <td>5798 W Rotherham Dr.</td> <td>Eagle</td> <td>ID</td> <td>Adm</td> <td>83616</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				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"/>						
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5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 129085</div>	6. Signature:  <hr/> 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