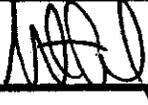


FILED EFFECTIVE

No. W 52419 Reinstatement Annual Report Form ADMIN DISSOLVED 10/10/2007		2. Registered Agent and Office (NOT A P.O. BOX) E BROOKS DETCHON 155 E FREMONT AVE 195 SKI HILL ROAD DRIGGS ID 83422	
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. DC CAPITAL LLC E BROOKS DETCHON 155 E FREMONT AVE 195 SKI HILL ROAD DRIGGS ID 83422 DRIGGS, ID 83422	
3. New Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.			
Office Held	Name	Street or PO Address	City State Country Postal Code
Member	MICHAEL CALLAHAN	201 E CHESTNUT ST #19E	CHICAGO IL 60611 USA 60611
Member	E. BROOKS DETCHON	195 SKI HILL RD.	DRIGGS ID USA 83422
5. Organized Under the Laws of: IDAHO W 52419		6. Signature:  Name (type or print): MICHAEL CALLAHAN Title: Member Date: 10/29/07	
Issued 10/18/2007 by LJM			

SECRETARY OF STATE
 STATE OF IDAHO
 OCT 29 AM 8:38

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.