

**FILED EFFECTIVE**

No. <b>W 68846</b>	Reinstatement Annual Report Form <b>ADMIN DISSOLVED 02/05/2009</b>		2. Registered Agent and Office ( <b>NOT A P.O. BOX</b> ) <b>DANNY VAN HORN</b> <b>700 WEST 270 NORTH</b> <b>FAIRFIELD ID 83327</b>																						
Return to: <b>SECRETARY OF STATE</b> <b>450 N 4th STREET</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>REINSTATEMENT</b> <b>FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed.  <b>D &amp; V ENTERPRISES, LLC</b>  <b>PO BOX 345</b> <b>FAIRFIELD ID 83327</b>		3. New Registered Agent Signature  																						
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td></td> <td>Member Danny VanHorn</td> <td>PO BOX 345</td> <td>Fairfield</td> <td>ID</td> <td>USA</td> <td>83327</td> </tr> <tr> <td></td> <td>Member Valerie VanHorn</td> <td>PO BOX 345</td> <td>Fairfield</td> <td>ID</td> <td>USA</td> <td>83327</td> </tr> </tbody> </table>					Office Held	Name	Street or PO Address	City	State	Country	Postal Code		Member Danny VanHorn	PO BOX 345	Fairfield	ID	USA	83327		Member Valerie VanHorn	PO BOX 345	Fairfield	ID	USA	83327
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 68846</b>		6. Signature: <u><i>Danny Van Horn</i></u> Date: <u>6-17-09</u> Name (type or print): <u>Valerie Van Horn</u> Title: <u>Member</u>																							
Issued 06/09/2009 by NLB																									