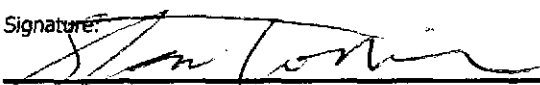
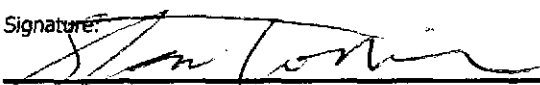
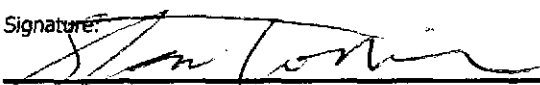


No. W 128043	Reinstatement Annual Report Form ADMIN DISSOLVED 11/30/2017		2. Registered Agent and Office (NOT A P.O. BOX) STANTON WILKERSON 501 E SCENERY LANE STE 190 MERIDIAN ID 83642																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. DART WARZ MERIDIAN, LLC 2150 E FAIRVIEW AVE #100 MERIDIAN ID 83642																																					
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: 25%;">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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Randi Wilkerson</td> <td>1100 Caledonia PL</td> <td>Eagle</td> <td>ID</td> <td>USA</td> <td>83616</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Stanton Wilkerson</td> <td>1100 Caledonia PL</td> <td>Eagle</td> <td>ID</td> <td>USA</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Randi Wilkerson	1100 Caledonia PL	Eagle	ID	USA	83616	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Stanton Wilkerson	1100 Caledonia PL	Eagle	ID	USA	83616	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							3. <u>New</u> Registered Agent Signature.
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5. Organized Under the Laws of: <div style="text-align: center;">IDAHO W 128043</div>		6. <table style="width: 100%;"> <tr> <td style="width: 60%;"> Signature:  Name (type or print): <u>Stanton Wilkerson</u> </td> <td style="width: 40%;"> Date: <u>1/12/18</u> Title: <u>Owner</u> </td> </tr> </table>		Signature:  Name (type or print): <u>Stanton Wilkerson</u>	Date: <u>1/12/18</u> Title: <u>Owner</u>																																	
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