No. **W 103707**	**Due no later than May 31, 2013** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** DSA LLC JARED STOWELL 1360 ALBION AVE BURLEY ID 83318	JARED STOWELL 2138 QUAIL RIDGE DR AMMON ID 83401 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	JARED STOWELL	2138 QUAIL RIDGE DR	AMMON	ID	USA	83401

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 103707**	Signature: Jared Stowell	Date: 03/22/2013
	Name (type or print): Jared Stowell	Title: Manager

Processed 03/22/2013

* Electronically provided signatures are accepted as original signatures.