

No. <b>W 23899</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2010</b>		2. Registered Agent and Office (NOT A P.O. BOX) <i>Danielle morse</i> <b>DEBRA HINKELMANN</b> 2900 GOV'T WAY #200 COEUR D'ALENE ID 83815																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. 3 D B LLC 2900 N GOVERNMENT WAY #200 COEUR D ALENE ID 83815		3. <u>New</u> Registered Agent Signature. <i>Danielle m morse</i>																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1"> <thead> <tr> <th>Manager or Member</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>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td><i>Danielle morse</i></td> <td><i>2900 N Government Way #200</i></td> <td><i>COA</i></td> <td><i>ID</i></td> <td><i>Kootenai</i></td> <td><i>83815</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>David morse</i></td> <td><i>2900 N Government Way #200</i></td> <td><i>COA</i></td> <td><i>ID</i></td> <td><i>Kootenai</i></td> <td><i>83815</i></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td><i>Denise morse</i></td> <td><i>2900 N Government Way #200</i></td> <td><i>COA</i></td> <td><i>ID</i></td> <td><i>83815</i></td> <td><i>Kootenai</i></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"/>	<i>Danielle morse</i>	<i>2900 N Government Way #200</i>	<i>COA</i>	<i>ID</i>	<i>Kootenai</i>	<i>83815</i>	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>David morse</i>	<i>2900 N Government Way #200</i>	<i>COA</i>	<i>ID</i>	<i>Kootenai</i>	<i>83815</i>	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Denise morse</i>	<i>2900 N Government Way #200</i>	<i>COA</i>	<i>ID</i>	<i>83815</i>	<i>Kootenai</i>	Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO W 23899</b>		6. Signature: <i>Danielle m morse</i> Name (type or print): <i>Danielle m morse</i> Date: <i>09/10/14</i> Title: <i>Manager</i>																																				

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**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**