No. <b>W 119092</b>		Due no l	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		DONNA WELLS				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address</b> DEM, LLC DONNA WELLS 1027 N KOOTENAI RI	s: Correct in this box if needed.	1027 N KOOTENAI RD SANDPOINT 83864				
NO FILING FEE IF RECEIVED BY DUE DATE		SANDPOINT ID 83864		3. New Registered Agent Signature:*				
4. Limited Liability Compan	ies: Enter Nar	nes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER MEMBER	MOLLY BENEFIELD EMILY EVANS DONNA WELLS		327 MARION 1027 NORTH KOOTENAI 1027 NORTH KOOTENAI RD	SANDPOINT SANDPOINT SANDPOINT	ID ID ID	USA USA USA	83864 83864 83864	
5. Organized Under the La	ws of:	6. Annual Report must	be signed.*					
ID W 119092		Signature: Emily Eva		Date: 10/06/2014				
		Name (type or print): Emily Evans		Title: Owner				
Processed 10/06/2014	* Electronically provided signatures are accepted as original signatures.							