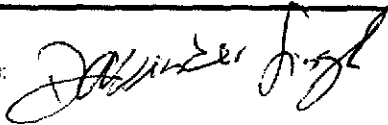


No. W 144411	Reinstatement Annual Report Form ADMIN DISSOLVED 02/23/2016		2. Registered Agent and Office (NOT A P.O. BOX) DAVINDER SINGH 312 N SPOKANE ST POST FALLS ID 83854
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. DJH LLC 2645 SPARROW LOOP POST FALLS ID 83854		3. <u>New</u> Registered Agent Signature.
⁴Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Name Street or PO Address City State Country Postal Code			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Davinder Singh 2645 Sparrow Loop Post Falls, ID 83854 USA</i>			
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/> <i>Harvinder Kaur 2645 Sparrow Loop Post Falls, ID USA 83854</i>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold; font-size: large;"> IDAHO W 144411 </div>	6. Signature:  <hr/> Name (type or print): <i>Davinder Singh</i> <hr/> <div style="display: flex; justify-content: space-between;"> <div> Date: <i>03/10/16</i> </div> <div> Title: <i>President</i> </div> </div>		
Issued 03/10/2016 by online			