

Reinstatement for W 57549

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No. W 57549		Reinstatement Annual Report Form ADMIN DISSOLVED 03/06/2009		2. Registered Agent and Office (NOT A P.O. BOX) MIKE NORTON 1412 S SANDAL CREEK LANE NAMPA ID 83686	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MIST, LLC 1412 S SANDAL CREEK LANE NAMPA ID 83686		3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MEMBER	MIKE NORTON	1412 S. SANDAL CREEK LANE	NAMPA	ID	83686
5. Organized Under the Laws of: IDAHO W 57549		6. Signature: <i>Mike Norton</i> Name (type or print): MIKE NORTON Date: 4/22/10 Title: MEMBER			
Issued 04/22/2010 by SL1					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Pay special attention to the mailing address. If the correct address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho; not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Enter names and business addresses of management. **Note:** Do not put "same as last year" or "same as above". These will not be accepted.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

4/22/2010