

No. W 37519	Reinstatement Annual Report Form ADMIN DISSOLVED 06/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) ANTHONY JEFFERSON MARTEL JR 2400 WEST STATE ST BOISE ID 83714 6100 W. STATE ST STE. 120 BOISE, ID 83703																																			
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. M2 IDAHO LLC ANTHONY J MARTEL 2400 WEST STATE ST BOISE ID 83714 USA 6100 W. STATE ST. STE 120 Boise, ID 83703		3. New Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 30%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 10%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager ☐ Member ☒</td> <td>Anthony Martel</td> <td>6100 w. state</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83703</td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Lyndi Martel</td> <td>6100 w state</td> <td>Boise</td> <td>ID</td> <td>USA</td> <td>83703</td> </tr> <tr> <td>Manager ☐ Member ☐</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager ☐ Member ☐</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 ☐ Member ☒	Anthony Martel	6100 w. state	Boise	ID	USA	83703	Manager ☐ Member ☒	Lyndi Martel	6100 w state	Boise	ID	USA	83703	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 37519		6. Signature:  Date: 8.1.12 Name (type or print): Anthony Martel Title: Member																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM