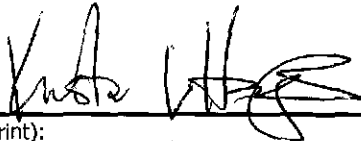


No. <b>W 111926</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 06/12/2015</b>		2. Registered Agent and Office (NOT A P.O. BOX)																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>			1. Mailing Address: Correct in this box if needed. MOUNTAIN MAMAS, L.L.C. KRISTA L NICHOLS P.O. BOX 293 RIGBY ID 83442 / Krista L. Hays 807 Jefferson Street Salmon, Idaho 83467	KRISTA L NICHOLS HAYS 8262 N 5TH W 807 Jefferson IDAHO FALLS ID 83401-5644 Salmon, ID 83467  3. <u>New</u> Registered Agent Signature. Krista L. Hays																																		
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>Krista L. Hays</td> <td>807 Jefferson</td> <td>Salmon</td> <td>ID</td> <td>USA</td> <td>83467</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> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></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"/>	Krista L. Hays	807 Jefferson	Salmon	ID	USA	83467	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of:  <b>IDAHO</b> <b>W 111926</b>	6. Signature:  Name (type or print): Krista L. Hays			Date: 6.01.2016 Title: Manager																																		

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