

No. W 29904		Due no later than Apr 30, 2015		Annual Report Form		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MLA EXCELLENCE LIMITED LIABILITY COMPANY KATHLEEN E MALONE PO BOX 49 MCCALL ID 83638 USA		KATHLEEN E MALONE 2141 EASTSIDE DR MCCALL 83638		3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	KATHLEEN E MALONE	PO BOX 49	MCCALL	ID		83638	
5. Organized Under the Laws of: ID W 29904		6. Annual Report must be signed.* Signature: Kathleen Malone Name (type or print): Kathleen Malone		Date: 02/19/2015 Title: manager			
Processed 02/19/2015		* Electronically provided signatures are accepted as original signatures.					