

No. C 172354		Due no later than Mar 31, 2016		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. MNL, INC. LISA CHRONIC M CHRONIC 656 HEATH LAKE RD SAGLE ID 83860		LISA M CHRONIC 656 HEATH LAKE RD SAGLE ID 83860			
				3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	LISA M CHRONIC	656 HEATH LAKR RD	SAGLE	ID	USA	83860	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 172354		Signature: lisa chronic				Date: 03/17/2016	
		Name (type or print): lisa chronic				Title: secretary	
Processed 03/17/2016		* Electronically provided signatures are accepted as original signatures.					