

No. W 30763		Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) PHIL MUNSEE 4774 E 3000 N MURTAUGH ID 83344-5324																																				
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. M FOUR, LLC PHIL MUNSEE 4434 E 3500 N MURTAUGH ID 83344-5324		3. New Registered Agent Signature.																																				
REINSTATEMENT FEE DUE: \$30.00																																								
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 ☐ Member ☒</td> <td colspan="5">Phil Munsee</td> <td></td> </tr> <tr> <td>Manager ☐ Member ☒</td> <td>Kelly Munsee</td> <td>4434 E 3500 N</td> <td>Murtaugh</td> <td>ID</td> <td>USA</td> <td>83344</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 ☒	Phil Munsee						Manager ☐ Member ☒	Kelly Munsee	4434 E 3500 N	Murtaugh	ID	USA	83344	Manager ☐ Member ☐							Manager ☐ Member ☐						
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5. Organized Under the Laws of: IDAHO W 30763		6. <table border="1"> <tr> <td> Signature:  </td> <td> Date: 9/18/2012 </td> </tr> <tr> <td> Name (type or print): Kelly Munsee </td> <td> Title: Sec </td> </tr> </table>				Signature: 	Date: 9/18/2012	Name (type or print): Kelly Munsee	Title: Sec																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM