

No. W 17965		Reinstatement Annual Report Form ADMIN DISSOLVED 05/25/2016		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		1. Mailing Address: Correct in this box if needed. M H SPRINGS, LLC ENOCH S OLSEN PO BOX 588 BUHL ID 83316		NATHAN P OLSEN 947 E 4800 N BUHL ID 83316-8331								
REINSTATEMENT FEE DUE: \$30.00				3. New Registered Agent Signature.								
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.												
<table><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></table>						Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code						
Manager <input type="checkbox"/>	Member <input checked="" type="checkbox"/>	<i>Nathan Olsen 947 E 4800 N Buhl Id USA 83316</i>										
Manager <input checked="" type="checkbox"/>	Member <input type="checkbox"/>	<i>Enoch Olsen PO Box 588 Buhl Id USA 83316</i>										
Manager <input type="checkbox"/>	Member <input type="checkbox"/>											
Manager <input type="checkbox"/>	Member <input type="checkbox"/>											
5. Organized Under the Laws of: IDAHO W 17965		6. Signature:  Name (type or print): <i>Enoch Olsen</i>										
		Date: <u>6-28-16</u> Title: <u>Manager</u>										
Issued 06/28/2016 by online												