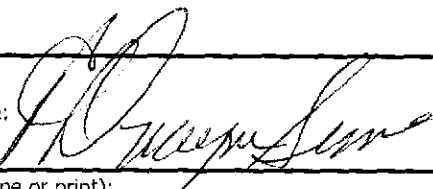


No. W 722	Reinstatement Annual Report Form ADMIN DISSOLVED 03/07/2016		2. Registered Agent and Office (NOT A P.O. BOX) F DUAYNE SIMS 139 E 2ND S SODA SPRINGS ID 83276
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MLS, L.L.C. F DUAYNE SIMS PO BOX 695 SODA SPRINGS ID 83276		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member	Name	Street or PO Address	City State Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	<i>F DUAYNE SIMS P.O. BOX 695 SODA SPRINGS ID USA 83276</i>		
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Michelle L Sims P.O. Box 695 Soda Springs ID USA 83276</i>		
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
Manager <input type="checkbox"/> Member <input type="checkbox"/>			
5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 722 </div>		6. Signature:  <hr/> Name (type or print): <i>F. DUAYNE SIMS</i> <hr/> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Date: <i>APRIL 4 2016</i> <hr/> Title: <i>Manager</i> <hr/> </div> </div>	

Issued 03/31/2016 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM