



No. W 63954 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	Reinstatement Annual Report Form ADMIN DISSOLVED 09/23/2014 1. Mailing Address: Correct in this box if needed. MRM, LLC RON ROSENBERGER PO Box 2006 74 EAST MILES AVE HAYDEN ID 83835 USA	2. Registered Agent and Office (NOT A P.O. BOX) RONALD ROSENBERGER 74 EAST MILES AVE HAYDEN ID 83835 MITCHELL SWENSON 12405N GOVERNMENT WAY HAYDEN, ID 83835 3. New Registered Agent Signature. 																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Mitchell Swenson</td> <td>PO Box 2006</td> <td>Hayden</td> <td>ID</td> <td></td> <td>83835</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Matthew Swenson</td> <td>PO Box 2006</td> <td>Hayden</td> <td>ID</td> <td></td> <td>83835</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></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 <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Mitchell Swenson	PO Box 2006	Hayden	ID		83835	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Matthew Swenson	PO Box 2006	Hayden	ID		83835	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 63954	6. Signature:  Name (type or print): Mitchell Swenson Date: 4-14-15 Title: Manager																																				

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must** be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. **Note:** The office of the registered agent must be at a street address in Idaho, **not a Post Office Box or Personal Mail Box.**

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either Member or Manager. Enter names and business addresses of managers or members of the Limited Liability