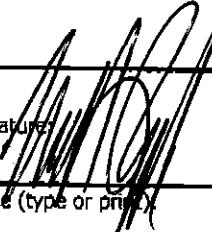


No. W 55643		Reinstatement Annual Report Form ADMIN DISSOLVED 01/14/2013		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MATT PUGLIA 2940 BEAVER BROOK DR HAILEY ID 83333																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MP HOME AND ASSOCIATION MAINTENANCE LLC MATT PUGLIA PO BOX 4721 2940 Beaver Brook Dr HAILEY ID 83333		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 <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Matthew Puglia</td> <td>2940 Beaver Brook</td> <td>Hailey</td> <td>ID</td> <td>83333</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> <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"/>	Matthew Puglia	2940 Beaver Brook	Hailey	ID	83333		Manager <input type="checkbox"/> Member <input type="checkbox"/>							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 55643		6. Signature  Name (type or print):		Date: <u>1/28/13</u> Title:																																				
Issued 01/22/2013 by DK1																																								

### INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM