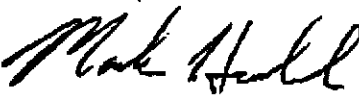


W 97633

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No. <b>W 97633</b>		<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 02/24/2017</b>		2. Registered Agent and Office (NOT A P.O. BOX) MARK D HECKEL 10848 LAKEVIEW DR HAYDEN LAKE ID 83835	
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. MDH, LLC MARK D HECKEL 10848 N. LAKEVIEW DR HAYDEN LAKE ID 83835		3. <u>New</u> Registered Agent Signature.	
REINSTATEMENT FEE DUE: \$30.00					
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"/>		Mark Heckel		7184 W. Boeckel Rd. Rathdrum, ID 83858	
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:		6. Signature:		Date:	
IDAHO W 97633				12/21/2017	
		Name (type or print):		Title:	
		Mark Heckel			
Issued 12/21/2017 by online					

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM