| No. W 128570 | | Due no later than Aug 31, 2015 | | 2 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------|--|----------------------|---|--|-------------|-----------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MUDROW PROPERTIES, LLC KEVIN MUDROW 333 S WOODRUFF AVE IDAHO FALLS ID 83401 | | | KEVIN MUDROW, DDS 333 S WOODRUFF AVE IDAHO FALLS ID 83401 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar | | mes and Addresses of at least one Member or Manager. | | | . <u>New</u> Register | eu Agent 31 | griature. | |
| Office Held | Name | | Street or PO Address | | City | State | Country | Postal Code |
| MANAGER KEVIN MUDROW | | ROW | 3685 AUTUMNWOOD DR | | AMMON | ID | USA | 83406 |
| 5. Organized Under the Laws of: ID W 128570 | | 6. Annual Report must be signed.* Signature: Kevin Mudrow Name (type or print): Kevin Mudrow | | | Date: 06/27/2015 Title: owner | | | |
| Processed 06/27/2015 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |