

No. W 29902		Due no later than Apr 30, 2014 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. MLA ENTERPRISES LIMITED LIABILITY COMPANY KATHLEEN E MALONE PO BOX 49 MCCALL ID 83638 USA		KATHLEEN E MALONE 2141 EASTSIDE DR MCCALL ID 83638			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name KATHLEEN E MALONE	Street or PO Address PO BOX 49		City MCCALL	State ID	Country USA	Postal Code 83638
5. Organized Under the Laws of: ID W 29902		6. Annual Report must be signed.* Signature: Kathleen Malone Name (type or print): Kathleen Malone Date: 02/12/2014 Title: Manager					
Processed 02/12/2014 * Electronically provided signatures are accepted as original signatures.							