


**FILED EFFECTIVE**

No. <b>W 159927</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 03/21/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> MATTHEW WILDING 2818 <del>HONEYSUCKLE</del> IDAHO FALLS ID <del>83402</del> 246 S. Carivista Dr. Idaho Falls, ID 83402																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE</b> <b>DUE: \$30.00</b>	1. Mailing Address: Correct in this box if needed. MBK INTERESTS LLC 2818 <del>HONEYSUCKLE</del> IDAHO FALLS ID <del>83402</del> 246 S. Carivista Dr. Idaho Falls, ID 83402		3. <u>New</u> Registered Agent Signature.																																			
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>Natie Wilding</td> <td>246 S. Carivista Dr</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83402</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Matthew Wilding</td> <td>246 S. Carivista Dr.</td> <td>Idaho Falls</td> <td>ID</td> <td>USA</td> <td>83402</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"/>	Natie Wilding	246 S. Carivista Dr	Idaho Falls	ID	USA	83402	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Matthew Wilding	246 S. Carivista Dr.	Idaho Falls	ID	USA	83402	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:  <b>IDAHO</b> <b>W 159927</b>	6. Signature:  Name (type or print): <u>Matthew Wilding</u> Date: <u>04-05-2017</u> Title: <u>Manager</u>																																					
Issued 04/03/2017 by online																																						