

No. <b>W 30763</b>	<b>Reinstatement Annual Report Form</b> <b>ADMIN DISSOLVED 08/12/2013</b>		2. Registered Agent and Office (NOT A P.O. BOX) PHIL MUNSEE 4774 E 3000 N MURTAUGH ID 83344-5324																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. M FOUR, LLC PHIL MUNSEE PO Box 608 4434 E 3500 N MURTAUGH ID 83344-5324 <i>Burley, ID 83318</i>		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 checked="" type="checkbox"/></td> <td>KELLY MUNSEE</td> <td>4434 E 3500 N</td> <td>MURTAUGH</td> <td>ID</td> <td>USA</td> <td>83344</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 checked="" type="checkbox"/>	KELLY MUNSEE	4434 E 3500 N	MURTAUGH	ID	USA	83344	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:  <b>IDAHO</b> <b>W 30763</b>		<i>Kelly Munsee</i> Signature: _____ Date: <u>3/7/2014</u> Name (type or print): <u>KELLY MUNSEE</u> Title: _____																																				

Issued 03/07/2014 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**