

|                                                                                                                                                        |               |                                                                                                                                       |             |                                                      |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------------------------------------------------------------------------------|-------------|------------------------------------------------------|---------|-------------|--|
| No. <b>W 41603</b>                                                                                                                                     |               | <b>Due no later than Aug 31, 2007</b>                                                                                                 |             | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>MDLN, LLC<br>PO BOX 212<br>SPRINGVILLE UT 84663                      |             | LUCINDA FELIX<br>1809 W CAMELOT DR<br>NAMPA ID 83651 |         |             |  |
|                                                                                                                                                        |               |                                                                                                                                       |             | 3. <u>New</u> Registered Agent Signature:*           |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.                                                           |               |                                                                                                                                       |             |                                                      |         |             |  |
| Office Held                                                                                                                                            | Name          | Street or PO Address                                                                                                                  | City        | State                                                | Country | Postal Code |  |
| MEMBER                                                                                                                                                 | LUCINDA FELIX | 1809 W CAMELOT DR                                                                                                                     | NAMPA       | ID                                                   | USA     | 83651       |  |
| MEMBER                                                                                                                                                 | GARTH FELIX   | PO BOX 212                                                                                                                            | SPRINGVILLE | UT                                                   | USA     | 84663       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 41603</b>                                                                                           |               | 6. Annual Report must be signed.*<br>Signature: Garth Felix<br>Name (type or print): Garth Felix<br>Date: 09/13/2007<br>Title: Member |             |                                                      |         |             |  |
| Processed 09/13/2007                                                                                                                                   |               | * Electronically provided signatures are accepted as original signatures.                                                             |             |                                                      |         |             |  |