




No. W 111681	Reinstatement Annual Report Form ADMIN DISSOLVED 06/17/2014		2. Registered Agent and Office (NOT A P.O. BOX) MARK R BARNHOUSE 29658 N CARVELLE RD ATHOL ID 83801																																			
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. MLB HOMESTEAD ENTERPRISES LLC MARK R BARNHOUSE 29658 N CARVELLE RD ATHOL ID 83801		3. New 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 type="checkbox"/> Member <input type="checkbox"/></td> <td>Mark Barnhouse</td> <td>29646 Caravelle,</td> <td>Athol</td> <td>USA</td> <td>83801</td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Lisa Barnhouse</td> <td>29646 Caravelle,</td> <td>Athol</td> <td>USA</td> <td>83801</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 type="checkbox"/> Member <input type="checkbox"/>	Mark Barnhouse	29646 Caravelle,	Athol	USA	83801		Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lisa Barnhouse	29646 Caravelle,	Athol	USA	83801		Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code																																
Manager <input type="checkbox"/> Member <input type="checkbox"/>	Mark Barnhouse	29646 Caravelle,	Athol	USA	83801																																	
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Lisa Barnhouse	29646 Caravelle,	Athol	USA	83801																																	
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
Manager <input type="checkbox"/> Member <input type="checkbox"/>																																						
5. Organized Under the Laws of: IDAHO W 111681	6. <table border="1"> <tr> <td>Signature: </td> <td>Date: 7/21/14</td> </tr> <tr> <td>Name (type or print): Mark Barnhouse</td> <td>Title: Manager</td> </tr> </table>			Signature: 	Date: 7/21/14	Name (type or print): Mark Barnhouse	Title: Manager																															
Signature: 	Date: 7/21/14																																					
Name (type or print): Mark Barnhouse	Title: Manager																																					

Issued 07/21/2014 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM