No. **W 29904**	**Due no later than Apr 30, 2014**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** MLA EXCELLENCE LIMITED LIABILITY COMPANY KATHLEEN E MALONE PO BOX 49 MCCALL ID 83638 USA	KATHLEEN E MALONE 2141 EASTSIDE DR MCCALL ID 83638 3. New 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
MANAGER	KATHLEEN E MALONE	PO BOX 49	MCCALL	ID	USA	83638

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 29904**	Signature: Kathleen Malone	Date: 02/12/2014
	Name (type or print): Kathleen Malone	Title: Manager

Processed 02/12/2014

* Electronically provided signatures are accepted as original signatures.