No. W 186029		Due no later than Jul 31, 2018	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		THEL W CASPER			
SECRETARY OF STATE	1. Mailin	g Address: Correct in this box if needed.		901 PIER VIEW DRIVE SUITE 201 IDAHO FALLS ID 83402			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MATTHEW	ML RENTAL PROPERTIES POCATELLO, LLC MATTHEW F CARDON 4920 E LINCOLN ROAD		IDANO FALLS ID 65402			
	IDAHO FAI	LLS ID 83401-5766	3. <u>New</u> Registere	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companies: En	er Names and Addre	esses of at least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER LISA E CARDON		4920 E LINCOLN RD	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:	6. Annual Re	port must be signed.*					
ID	Signature	: Matthew Cardon		Date: 05/27/2018			
W 186029	Name (typ	pe or print): Matthew Cardon		Title: Manager			
rocessed 05/27/2018 * Electronically provided signatures are accepted as original signatures.							