

No. W 41603	Reinstatement Annual Report Form ADMIN DISSOLVED 11/10/2010		2. Registered Agent and Office (NOT A P.O. BOX)			
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.		LUCINDA FELIX 1809 W CAMELOT DR NAMPA ID 83651			
	MDLN, LLC BRENT FELIX 2911 LITTLE COTTONWOOD RD SANDY UT 84092		3. <u>New</u> Registered Agent Signature.			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members.						
Manager/Member	Name	Street or PO Address	City	State	Country	Postal Code
BRENT FELIX		2911 LITTLE COTTONWOOD ROAD	SANDY	UT.	USA	84092
AMY FELIX		2911 LITTLE COTTONWOOD ROAD	SANDY	UT.	USA	84092
5. Organized Under the Laws of: 6.						
IDAHO W 41603		Signature: <u>AMF</u>			Date: <u>11/24/10</u>	
		Name (type or print): <u>AMY FELIX</u>			Title: <u>MEMBER</u>	