

No. W 128570	Reinstatement Annual Report Form ADMIN DISSOLVED 11/03/2016		2. Registered Agent and Office (NOT A P.O. BOX) KEVIN MUDROW, DDS 333 S WOODRUFF AVE IDAHO FALLS ID 83401
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. MUDROW PROPERTIES, LLC KEVIN MUDROW 333 S WOODRUFF AVE IDAHO FALLS ID 83401		3. <u>New</u> Registered Agent Signature.

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Kevin Mudrow	333 S. Woodruff	Idaho Falls	ID		
Manager <input type="checkbox"/> Member <input type="checkbox"/>						Boonville 83401
Manager <input type="checkbox"/> Member <input type="checkbox"/>						
Manager <input type="checkbox"/> Member <input type="checkbox"/>						

5. Organized Under the Laws of: <div style="text-align: center; font-size: 1.2em;">IDAHO</div> <div style="text-align: center; font-size: 1.2em;">W 128570</div>	6. <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> Signature: <u>Kevin Mudrow</u> Name (type or print): <u>Kevin Mudrow</u> </div> <div style="width: 35%;"> Date: <u>11/29/16</u> Title: <u>Owner</u> </div> </div>
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Issued 11/18/2016 by TLB