





Signer's Title: manager

## STATE OF IDAHO

Office of the secretary of state, Lawerence Denney ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 00

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-FILED-

File #: 0003530169

Date Filed: 6/3/2019 2:47:08 PM

| Entity Name and Mailing Address:  MLA EXCELLENCE LIMITED LIABILITY COMPANY  The file number of this entity on the records of the Idaho Sec of State is:  Address | РО В                                 |                                       |  |
|--|--------------------------------------|---------------------------------------|--|
| of State is:   | РО В                                 |                                       |  |
| Address  | –                                    | BOX 49                                |  |
| Address  |                                      | PO BOX 49<br>MCCALL, ID 83638-0049    |  |
| Entity Details:  |                                      |                                       |  |
| Entity Status  |                                      | Active-Existing                       |  |
| This entity is organized under the laws of:  |                                      | IDAHO                                 |  |
| If applicable, the old file number of this entity on the records old Idaho Secretary of State was:   | of the W299                          | 9904                                  |  |
| The registered agent on record is:   |                                      |                                       |  |
| Registered Agent   |                                      | KATHLEEN E MALONE<br>Registered Agent |  |
|  | Physical Address                     |                                       |  |
|  | 2141 EASTSIDE DR<br>MCCALL, ID 83638 |                                       |  |
|  |                                      | Mailing Address                       |  |
| Limited Liability Company Managers and Members   |                                      |                                       |  |
| Name   | Title                                | Itle Address                          |  |
| KATHLEEN E MALONE  | Manager                              | PO BOX 49<br>MCCALL, ID 83638         |  |
|  |                                      |                                       |  |
| The annual report must be signed by an authorized signer of the entity.  |                                      |                                       |  |
| Kathleen E Malone  |                                      | 06/03/2019                            |  |
| Sign Here  |                                      | Date                                  |  |
|  |                                      |                                       |  |