No. **C 172354**	**Due no later than Mar 31, 2018** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** MNL, INC. LISA CHRONIC M CHRONIC 656 HEATH LAKE RD SAGLE ID 83860	LISA M CHRONIC 656 HEATH LAKE RD SAGLE ID 83860 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	LISA M CHRONIC	656 HEATH LAKR RD	SAGLE	ID	USA	83860

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 172354**	Signature: lisa chronic Name (type or print): lisa chronic	Date: 01/22/2018 Title: secretary

Processed 01/22/2018

* Electronically provided signatures are accepted as original signatures.