

No. W 11979	Reinstatement Annual Report Form ADMIN DISSOLVED 08/07/2012		2. Registered Agent and Office (NOT A P.O. BOX) MICHAEL J WHITCOMB 28978 OLD SPIRAL HIGHWAY LEWISTON ID 83501																																				
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. MIKO, LLC MICHAEL J WHITCOMB 28978 OLD SPIRAL HIGHWAY LEWISTON ID 83501																																						
REINSTATEMENT FEE DUE: \$30.00			3. <u>New</u> Registered Agent Signature.																																				
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																							
<table border="1"> <thead> <tr> <th>Manager or Member</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Michael J Whitcomb</td> <td>P.O. 154</td> <td>Colton</td> <td>Id</td> <td>USA</td> <td>99113</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Michael J Whitcomb	P.O. 154	Colton	Id	USA	99113	Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>							Manager <input type="checkbox"/> Member <input type="checkbox"/>						
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5. Organized Under the Laws of: IDAHO W 11979		6. Signature: _____ Date: _____ Name (type or print): <u>Michael J Whitcomb</u> Title: <u>Manager</u>																																					
Issued 09/19/2012 by SLD																																							

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 4: Enter the name and address of the registered agent and office.