

No. W 11891	Due no later than May 31, 2018 Annual Report Form	2. Registered Agent and Office (NOT A P.O. BOX) JENNIFER WILLETT 3916 E IMMIGRANT PASS CT BOISE ID 83716																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. MNS, LLC MIKE WILLETT 3916 E IMMIGRANT PASS CT BOISE ID 83716	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>Jen Willett</td> <td>3916 E. Immigrant Pass Ct</td> <td>Boise</td> <td>Id</td> <td>USA</td> <td>83716</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Mike Willett</td> <td>3916 E Immigrant Pass Ct</td> <td>Boise</td> <td>Id</td> <td>USA</td> <td>83716</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"/>	Jen Willett	3916 E. Immigrant Pass Ct	Boise	Id	USA	83716	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Mike Willett	3916 E Immigrant Pass Ct	Boise	Id	USA	83716	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 11891	6. Signature: <u>Mike Willett</u> Date: <u>4/18/18</u> Name (type or print): <u>Mike Willett</u> Title: <u>Member</u>																																				

Issued 04/03/2018 by online

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM