

No. <b>W 29904</b>		<b>Due no later than Apr 30, 2018</b>		<b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> MLA EXCELLENCE LIMITED LIABILITY COMPANY KATHLEEN E MALONE PO BOX 49 MCCALL ID 83638		KATHLEEN E MALONE 2141 EASTSIDE DR MCCALL ID 83638		3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	KATHLEEN E MALONE	PO BOX 49	MCCALL	ID		83638	
5. Organized Under the Laws of:  <b>ID W 29904</b>		6. Annual Report must be signed.* Signature: Kathleen Malone Name (type or print): Kathleen Malone		Date: 04/09/2018 Title: manager			
Processed 04/09/2018		* Electronically provided signatures are accepted as original signatures.					