

No. W 40037	Reinstatement Annual Report Form ADMIN DISSOLVED 09/20/2012		2. Registered Agent and Office (NOT A P.O. BOX) NANCY J SMITH 10977 KREST CT HAYDEN ID 83835
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. MLB, L.L.C. NANCY J SMITH PO BOX 827 BAYVIEW ID 83803 USA 10977 Krest Ct Hayden ID 83835		3. <u>New</u> Registered Agent Signature.
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.			
Manager or Member Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/> Manager <input type="checkbox"/> Member <input type="checkbox"/>	Name Nancy Smith 	Street or PO Address 10977 Krest Ct 	City State Country Postal Code Hayden ID USA 83835
5. Organized Under the Laws of: <div style="text-align: center; font-weight: bold;">IDAHO</div> <div style="text-align: center; font-weight: bold;">W 40037</div>		6. Signature: <div style="text-align: center; font-size: 1.2em;">Nancy J. Smith</div> Date: Dec 1, 2012 Name (type or print): <div style="text-align: center; font-weight: bold;">NANCY J SMITH</div> Title: <div style="text-align: center; font-weight: bold;">MGR</div>	

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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM