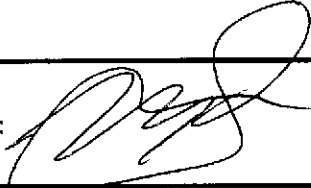


| No. <b>W 140434</b>   | <b>Reinstatement Annual Report Form<br/>ADMIN DISSOLVED 10/27/2017</b>  |                      | <b>2. Registered Agent and Office<br/>(NOT A P.O. BOX)</b>  |                   |         |                      |      |       |         |             |   |               |              |          |    |        |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|---|----------------------|---|-------------------|---------|----------------------|------|-------|---------|-------------|---|---------------|--------------|----------|----|--------|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>REINSTATEMENT FEE<br/>DUE: \$30.00</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>MBP LLC<br>MICHAEL FREER<br>703 N 14TH E<br>MOUNTAIN HOME ID 83647 USA   |                      | MICHAEL FREER<br>703 N 14TH E<br>MOUNTAIN HOME ID 83647<br><br><b>3. <u>New</u> Registered Agent Signature.</b> |                   |         |                      |      |       |         |             |   |               |              |          |    |        |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|   | <b>4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.</b><br><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 type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Michael Freer</td> <td>703 N. 14 E.</td> <td>Mtn Home</td> <td>ID</td> <td>Elmore</td> <td>83647</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 type="checkbox"/> Member <input checked="" type="checkbox"/> | Michael Freer | 703 N. 14 E. | Mtn Home | ID | Elmore | 83647 | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |  | Manager <input type="checkbox"/> Member <input type="checkbox"/> |  |  |  |  |  |
| Manager or Member   | Name  | Street or PO Address | City  | State             | Country | Postal Code          |      |       |         |             |   |               |              |          |    |        |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>   | Michael Freer   | 703 N. 14 E.         | Mtn Home  | ID                | Elmore  | 83647                |      |       |         |             |   |               |              |          |    |        |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |                      |   |                   |         |                      |      |       |         |             |   |               |              |          |    |        |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |                      |   |                   |         |                      |      |       |         |             |   |               |              |          |    |        |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |   |                      |   |                   |         |                      |      |       |         |             |   |               |              |          |    |        |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| <b>5. Organized Under the Laws of:</b><br><br>IDAHO<br>W 140434   | <b>6.</b><br>Signature: <br>Date: 11/3/17<br>Name (type or print): Michael Freer<br>Title: Member   |                      |   |                   |         |                      |      |       |         |             |   |               |              |          |    |        |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

Issued 11/03/2017 by online

**INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM**