


| No. W 182979 | Reinstatement Annual Report Form ADMIN DISSOLVED 09/11/2018 | | 2. Registered Agent and Office (NOT A P.O. BOX) LANE V ERICKSON 201 E CENTER ST POCA TELLO ID 83204 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---|--|-------|----------------------|-------------|-------|---------|-------------|---|-------------------|-------------------------|----------------|----|-------|-----|---|----------------------|-------------------------|----------------|----|-------|-----|---|----------------|-------------------------|----------------|----|-------|-----|--|--|--|--|--|--|--|---|
| 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. MDB MANAGEMENT, LLC DAVID WILLIAM DIEFFENBACH 3249 INDIAN SPRING RD AMERICAN FALLS ID 83211 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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>David Dieffenbach</td> <td>3249 Indian Springs Rd.</td> <td>American Falls</td> <td>ID</td> <td>83211</td> <td>USA</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Michaela Dieffenbach</td> <td>3249 Indian Springs Rd.</td> <td>American Falls</td> <td>ID</td> <td>83211</td> <td>USA</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Brendan Valpey</td> <td>3249 Indian Springs Rd.</td> <td>American Falls</td> <td>ID</td> <td>83211</td> <td>USA</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"/> | David Dieffenbach | 3249 Indian Springs Rd. | American Falls | ID | 83211 | USA | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Michaela Dieffenbach | 3249 Indian Springs Rd. | American Falls | ID | 83211 | USA | Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Brendan Valpey | 3249 Indian Springs Rd. | American Falls | ID | 83211 | USA | Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | 3. <u>New</u> Registered Agent Signature. |
| Manager or Member | Name | Street or PO Address | City | State | Country | Postal Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | David Dieffenbach | 3249 Indian Springs Rd. | American Falls | ID | 83211 | USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Michaela Dieffenbach | 3249 Indian Springs Rd. | American Falls | ID | 83211 | USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/> | Brendan Valpey | 3249 Indian Springs Rd. | American Falls | ID | 83211 | USA | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Manager <input type="checkbox"/> Member <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Organized Under the Laws of: IDAHO W 182979 | | 6. Signature:  Date: 09/20/2018 Name (type or print): Brendan F. Valpey Title: Manager | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Issued 09/20/2018 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM