




No. W 160842	Due no later than Jan 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MITCHELL D HUCKABY 105 RED CLOVER DRIVER <i>Drive</i> SANDPOINT ID 83864																																			
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. MDH ESTATE MAINTENANCE LLC 105 RED CLOVER DRIVER <i>Drive</i> SANDPOINT ID 83864		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Mitchell D Huckaby</td> <td>105 Red Clover Drive</td> <td>Sandpoint, ID</td> <td></td> <td>USA</td> <td>83864</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 checked="" type="checkbox"/> Member <input type="checkbox"/>	Mitchell D Huckaby	105 Red Clover Drive	Sandpoint, ID		USA	83864	Manager <input type="checkbox"/> Member <input type="checkbox"/>							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: <div style="text-align: center; font-size: 1.2em;"> IDAHO W 160842 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Signature:  <hr/> Name (type or print): Mitchell D Huckaby </td> <td style="width: 50%; vertical-align: top;"> Date: <u>3-15-17</u> <hr/> Title: <u>Manager</u> </td> </tr> </table>		Signature:  <hr/> Name (type or print): Mitchell D Huckaby	Date: <u>3-15-17</u> <hr/> Title: <u>Manager</u>																																	
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM