

No. W 16267	Reinstatement Annual Report Form ADMIN DISSOLVED 12/01/2014		2. Registered Agent and Office (NOT A P.O. BOX) ^{Melinda} MELINDA DAVIS 30 MADISON PROF PARK <i>562 Maple Dr</i> REXBURG ID 83440																																			
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. MM & G, LLC MELINDA M. DAVIS 30 MADISON PROF PARK <i>562 Maple Dr</i> REXBURG ID 83440 USA		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="width: 15%;">Manager or Member</th> <th style="width: 25%;">Name</th> <th style="width: 25%;">Street or PO Address</th> <th style="width: 10%;">City</th> <th style="width: 10%;">State</th> <th style="width: 10%;">Country</th> <th style="width: 15%;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Melinda Davis</td> <td>562 Maple Dr.</td> <td>Rexburg</td> <td>ID</td> <td>Madison</td> <td>83440</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"/>	Melinda Davis	562 Maple Dr.	Rexburg	ID	Madison	83440	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 16267 </div>		6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <i>Melinda Davis</i> </td> <td style="width: 40%;"> Date: <i>April 27, 2015</i> </td> </tr> <tr> <td> Name (type or print): <i>Melinda Davis</i> </td> <td> Title: <i>Manager</i> </td> </tr> </table>		Signature: <i>Melinda Davis</i>	Date: <i>April 27, 2015</i>	Name (type or print): <i>Melinda Davis</i>	Title: <i>Manager</i>																															
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM