

2018 AUG 27 AM 10:50

| No. W 111926  | Reinstatement Annual Report Form<br>ADMIN DISSOLVED 06/29/2018   |  | 2. Registered Agent and Office<br>(NOT A P.O. BOX)<br>KRISTA L HAYS<br>807 JEFFERSON STREET<br>SALMON ID 83467 |                   |         |                      |      |       |         |             |   |               |                   |        |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|---|--|--|--|-------------------|---------|----------------------|------|-------|---------|-------------|---|---------------|-------------------|--------|----|--|-------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Return to:<br>SECRETARY OF STATE<br>450 N 4th STREET<br>PO BOX 83720<br>BOISE, ID 83720-0080  | 1. Mailing Address: Correct in this box if needed.<br>MOUNTAIN MAMAS, L.L.C.<br>KRISTA L HAYS<br>807 JEFFERSON STREET<br>SALMON ID 83467 |  | SECRETARY OF STATE<br>STATE OF IDAHO   |                   |         |                      |      |       |         |             |   |               |                   |        |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| REINSTATEMENT FEE<br>DUE: \$30.00   |  |  | 3. New Registered Agent Signature.   |                   |         |                      |      |       |         |             |   |               |                   |        |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.<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 checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>Krista L Hays</td> <td>807 Jefferson St.</td> <td>Salmon</td> <td>ID</td> <td></td> <td>83467</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"/> | Krista L Hays | 807 Jefferson St. | Salmon | ID |  | 83467 | 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 checked="" type="checkbox"/> Member <input type="checkbox"/>   | Krista L Hays  | 807 Jefferson St.  | Salmon   | ID                |         | 83467                |      |       |         |             |   |               |                   |        |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |  |  |                   |         |                      |      |       |         |             |   |               |                   |        |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |  |  |                   |         |                      |      |       |         |             |   |               |                   |        |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Manager <input type="checkbox"/> Member <input type="checkbox"/>  |  |  |  |                   |         |                      |      |       |         |             |   |               |                   |        |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| 5. Organized Under the Laws of:<br><br>IDAHO<br>W 111926  |  | 6. Signature: <u>Krista L Hays</u> Date: <u>8-22-2018</u><br>Name (type or print): <u>Krista L. Hays</u> Title: <u>Manager/President</u> |  |                   |         |                      |      |       |         |             |   |               |                   |        |    |  |       |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |