| No. W 124523 | | Due no later than Apr 30, 2018 | | 2. Registered A | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--------------------|--|------------------------------------|------------------------|---|---------|-------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. MHF, LLC. SARAH M MULLENDORE PO BOX 2381 KETCHUM ID 83340 | | 78 PIONEER | SARAH MULLENDORE 78 PIONEER VIEW DR HAILEY ID 83333 | | | |
| | | | | 3. <u>New</u> Register | 3. <u>New</u> Registered Agent Signature:* | | | |
| 4. Limited Liability Compar | nies: Enter Nai | mes and Addresses | of at least one Member or Manager. | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER | SARAH M MULLENDORE | | P.O. BOX 2381 | KETCHUM | ID | USA | 83340 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Sara | | Date: 03/10/2018 | | | | |
| W 124523 | | Name (type or | | Title: Manager | | | | |
| Processed 03/10/2018 * Electronically provided signatures are accepted as original signatures. | | | | | | | | |