

No. W 165571	Reinstatement Annual Report Form ADMIN DISSOLVED 07/26/2017		2. Registered Agent and Office (NOT A P.O. BOX) NORTHWEST REGISTERED AGENT LLC 784 S CLEARWATER LOOP STE B POST FALLS ID 83854 USA
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed. MM PRODUCTIONS, LLC 104 E FAIRVIEW AVE #271 MERIDIAN ID 83642 <i>5931 W. Flamingo Dr.</i> <i>Boise ID 83704</i>		3. <u>New</u> Registered Agent Signature:
REINSTATEMENT FEE DUE: \$30.00			

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input checked="" type="checkbox"/>	<i>Staci Rausch 5931 W. Flamingo Dr. Bee ID 83704</i>					
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: <div style="text-align: center; font-weight: bold;"> IDAHO W 165571 </div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature: <i>Staci Rausch</i> </td> <td style="width: 40%;"> Date: <i>12-14-17</i> </td> </tr> <tr> <td> Name (type or print): <i>Staci Rausch</i> </td> <td> Title: <i>Manager/Member</i> </td> </tr> </table>	Signature: <i>Staci Rausch</i>	Date: <i>12-14-17</i>	Name (type or print): <i>Staci Rausch</i>	Title: <i>Manager/Member</i>
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