

# FILED EFFECTIVE

No. <b>W 75353</b>	<b>Reinstatement Annual Report Form ADMIN DISSOLVED 09/27/2017</b>		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> DONNA FARNES 2952 N MIDNIGHT BLUE DR IDAHO FALLS ID 83401																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080  <b>REINSTATEMENT FEE DUE: \$30.00</b>	1. <b>Mailing Address: Correct in this box if needed.</b> MD'S DINKY DONUTS, LLC DONNA F FARNES 2952 N MIDNIGHT BLUE DR IDAHO FALLS ID 83401		3. <u>New</u> Registered Agent Signature. <i>Donna Farnes</i>																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<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>Melissa SAUER</td> <td>2952 N Midnight Blue DR.</td> <td>Idaho Falls</td> <td>Id</td> <td>USA</td> <td>83401</td> </tr> <tr> <td>Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/></td> <td>DONNA FARNES</td> <td>1600 N 1575W C 103</td> <td>LAYTON</td> <td>UT</td> <td>USA</td> <td>84041</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"/>	Melissa SAUER	2952 N Midnight Blue DR.	Idaho Falls	Id	USA	83401	Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	DONNA FARNES	1600 N 1575W C 103	LAYTON	UT	USA	84041	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:  <b>IDAHO W 75353</b>	6. Signature: <i>Donna Farnes</i> Name (type or print): <b>DONNA FARNES</b> Date: <b>2-1-18</b> Title: <b>CO-OWNER</b>																																					