

No. W 67548	Due no later than Oct 31, 2018 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CINDI LE BRETT 13827 STEWART CT MCCALL ID 83638 1524 S. VERMONT AVE BOISE ID 83706																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. MUDD MEDIATION, LLC CINDI LE BRETT PO BOX 429 MCCALL ID 83638-0429 UNITED STATES 1116 S. VISTA AVE #143 BOISE, ID 83705		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions. <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;">Manager or Member</th> <th style="width: 20%;">Name</th> <th style="width: 30%;">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 checked="" type="checkbox"/></td> <td>CINDI LE BRETT</td> <td>1524 S. VERMONT AVE</td> <td>BOISE</td> <td>ID</td> <td></td> <td>83706</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 checked="" type="checkbox"/>	CINDI LE BRETT	1524 S. VERMONT AVE	BOISE	ID		83706	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: IDAHO W 67548	6. Signature: <u>Cindi Le Brett</u> Date: <u>8-24-18</u> Name (type or print): <u>CINDI LE BRETT</u> Title: <u>5:22pm</u>																																					

Received 08/20/2018 by DKT

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