No. **W 29904**	**Due no later than Apr 30, 2017** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** MLA EXCELLENCE LIMITED LIABILITY COMPANY KATHLEEN E MALONE PO BOX 49 MCCALL ID 83638	KATHLEEN E MALONE 2141 EASTSIDE DR MCCALL ID 83638 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	KATHLEEN E MALONE	PO BOX 49	MCCALL	ID		83638

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 29904**	Signature: kathleen malone	Date: 02/21/2017
	Name (type or print): kathleen malone	Title: manager

Processed 02/21/2017

* Electronically provided signatures are accepted as original signatures.