

No. <b>C 172354</b>		<b>Due no later than Mar 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  MNL, INC. LISA CHRONIC M CHRONIC 656 HEATH LAKE RD SAGE ID 83860		LISA M CHRONIC 656 HEATH LAKE RD SAGE ID 83860			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
SECRETARY	LISA M CHRONIC	656 HEATH LAKR RD	SAGE	ID	USA	83860	
5. Organized Under the Laws of:  <b>ID</b> <b>C 172354</b>		6. Annual Report must be signed.*  Signature: lisa chronic Name (type or print): lisa chronic  Date: 01/21/2017 Title: secretary					
Processed 01/21/2017 * Electronically provided signatures are accepted as original signatures.							