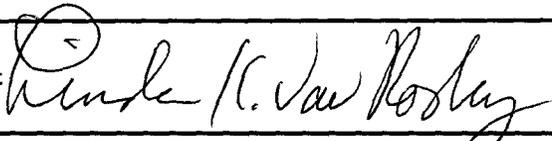


No. W 13250	Due no later than Oct 31, 2016 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) LINDA K VAV ROSKY 17829 HUBBARD GULCH JULIAETTA ID 83535																																			
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. M & L INVESTMENTS, LLC 17829 HUBBARD GULCH JULIAETTA ID 83535		3. <u>New</u> Registered Agent Signature.																																			
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.																																						
<table border="0" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">Manager or Member</th> <th style="text-align: left;">Name</th> <th style="text-align: left;">Street or PO Address</th> <th style="text-align: left;">City</th> <th style="text-align: left;">State</th> <th style="text-align: left;">Country</th> <th style="text-align: left;">Postal Code</th> </tr> </thead> <tbody> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Mike Vavrosky</td> <td>17829 Hubbard Gulch</td> <td>Juliaetta,</td> <td>ID</td> <td></td> <td>83535</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/></td> <td>Linda Vavrosky</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 type="checkbox"/> Member <input checked="" type="checkbox"/>	Mike Vavrosky	17829 Hubbard Gulch	Juliaetta,	ID		83535	Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Linda Vavrosky						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: <div style="text-align: center;"> IDAHO W 13250 </div>		6. Signature:  Date: 9-9-16 <hr/> Name (type or print): <u>LINDA K. VAVROSKY</u> Title: <u>member</u>																																				
Issued 09/01/2016 by SAT		109748																																				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM