


No. W 140716	Due no later than Aug 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) MIKE ASHFORD 1039 CAMBRICK KUNA ID 83634																																			
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 & S FLOORS, LLC MIKE ASHFORD 1039 CAMBRICK KUNA ID 83634		3. <u>New</u> Registered Agent Signature.																																			
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 type="checkbox"/> Member <input type="checkbox"/></td> <td>Mike Ashford</td> <td>1039 N Cambrick</td> <td>Kuna</td> <td>ID</td> <td></td> <td>83634</td> </tr> <tr> <td>Manager <input type="checkbox"/> Member <input type="checkbox"/></td> <td>Owner</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 type="checkbox"/>	Mike Ashford	1039 N Cambrick	Kuna	ID		83634	Manager <input type="checkbox"/> Member <input type="checkbox"/>	Owner						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 140716		6. Signature:  Date: <u>8/29/17</u> Name (type or print): <u>Mike Ashford</u> Title: _____																																				
Issued 08/23/2017 by SAT		101334																																				