

|  |                     |  |            |  |         |                  |  |
|--|---------------------|--|------------|--|---------|------------------|--|
| No. <b>W 83009</b>   |                     | <b>Due no later than Apr 30, 2011</b>  |            | 2. Registered Agent and Address <b>(NO PO BOX)</b>               |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                     | <b>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>S & L ENTERPRIZES L.L.C.<br>SAMUEL LAYNE STUCKI<br>440 WEST 6TH SOUTH<br>ST ANTHONY ID 83445 |            | SAMUEL LAYNE STUCKI<br>440 WEST 6TH SOUTH<br>ST ANTHONY ID 83445 |         |                  |  |
|  |                     |  |            | 3. <u>New</u> 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      |  |
| MEMBER   | SAMUEL LAYNE STUCKI | 440 WEST 6TH SOUTH   | ST ANTHONY | ID   | USA     | 83445            |  |
| 5. Organized Under the Laws of:  |                     | 6. Annual Report must be signed.*  |            |  |         |                  |  |
| <b>ID<br/>W 83009</b>  |                     | Signature: Samuel Layne Stucki   |            |  |         | Date: 02/24/2011 |  |
|  |                     | Name (type or print): Samuel Layne Stucki  |            |  |         | Title: Agent     |  |
| Processed 02/24/2011   |                     | * Electronically provided signatures are accepted as original signatures.  |            |  |         |                  |  |