No. W 129910 Return to:		Due no later than Oct 31, 2015 Annual Report Form 1. Mailing Address: Correct in this box if needed. SLS LLC STEVE SILL 3600 E HYRUM IDAHO FALLS ID 83401		2	2. Registered Agent and Address (NO PO BOX) STEVE SILL 3600 E HYRUM IDAHO FALLS ID 83401 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER	STEVE SILI	SILL	3600 EHYRUM		IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Steve sill			Date: 08/21/2015			
W 129910		Name (type or print): Steve sill			Title: CFO			
Processed 08/21/2015 * Electronically provided signatures are accepted as original signatures.								