No. W 126956	Reinstatement Annual Report Form ADMIN DISSOLVED 10/15/2014	2. Registered Agent and Office **(NOT A P.O. BOX)** SAM SLAVIN 25 SALVIN LN CARMEN ID 83462
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** SLAVINHORSES LLC BOX 40 25 SLAVIN LN CARMEN ID 83462	3. New Registered Agent Signature.
REINSTATEMENT FEE DUE: $30.00		

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager ☒ Member ☐	P. Sam Slavin	Box 40 25 Slavin Ln	Carmen	Id	US	83462
Manager ☒ Member ☐	Christine M. Slavin	Box 40	Carmen	Id	US	83462
Manager ☐ Member ☒	Stephen Jay Stokes	255 Slavin Ln. 2591 Gordon Rd,	North Pole	Ak	-	99705
Manager ☐ Member ☒	Patricia Ann Biggs	15050 Harrison St.	Brighton,	Co	-	80601

5. Organized Under the Laws of:	6.
IDAHO W 126956	Signature: Christine M Slavin Date: 3/2/2015 Name (type or print): Christine M. Slavin Title: managing agent

Issued 02/20/2015 by DK1

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM