

No. W 66804		Due no later than Sep 30, 2016		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. SLAVIN VI, LLC MICHAEL J SLAVIN 116 NORTH CENTER STREET SALMON ID 83467		MILTON A SLAVIN 116 N CENTER ST SALMON ID 83467	
				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	MICHAEL J SLAVIN	13700 MARINA POINTE DR UNIT 629	MARINA DEL REY	CA	90292
5. Organized Under the Laws of: ID W 66804		6. Annual Report must be signed.* Signature: Michael Slavin Name (type or print): Michael Slavin Date: 09/23/2016 Title: Managing Member			
Processed 09/23/2016		* Electronically provided signatures are accepted as original signatures.			