No. <b>W 12562</b>		Due no later than Jul 31, 2017 Annual Report Form  1. Mailing Address: Correct in this box if needed.  SILVER LIGHT AND SHADOWS, L.L.C.  CRAE BERRETT  2891 SHELLY PLACE  POCATELLO ID 83201		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				2891 SHELLY	CRAE T BERRETT 2891 SHELLY PLACE POCATELLO ID 83201			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Register	3. <u>New</u> Registered Agent Signature:*			
		mes and Address	ses of at least one Member or Manager.	CIL	61.1		D	
Office Held	Name	DETT	Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	CRAE T BERRETT LAURIE BERRETT		2891 SHELLY PLACE 2891 SHELLY PLACE	POCATELLO POCATELLO	ID ID	USA USA	83201 83201	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: C	rae Berrett		Date: 05/18/2017			
W 12562		Name (type	or print): Crae Berrett		Title: Manager			
Processed 05/18/2017 * Electronically provided signatures are accepted as original signatures.								