| No. **W 54514** | **Due no later than Sep 30, 2017**<br>**Annual Report Form** | 2. Registered Agent and Address **(NO PO BOX)** |
|---|---|---|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>**NO FILING FEE IF RECEIVED BY DUE DATE** | **1. Mailing Address: Correct in this box if needed.**<br>SLCK COMMERCIAL PROPERTIES LLC<br>LAURA L HORN<br>5980 E COMMERCE LOOP<br>POST FALLS ID 83854 | LAURA HORN<br>5980 COMMERCE LOOP<br>POST FALLS ID 83854<br><br>3. New 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 | LAURA HORN | 285 SIMONSEN RD | POST FALLS | ID | | 83854 |
| MEMBER | SHANNON D HORN | 285 S. SIMONSEN RD | POST FALLS | ID | USA | 83854 |

| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | |
|---|---|---|
| **ID**<br>**W 54514** | Signature: Laura Horn | Date: 07/24/2017 |
| | Name (type or print): Laura Horn | Title: Member |

Processed 07/24/2017

* Electronically provided signatures are accepted as original signatures.