No. W 10507		Due no later than Dec 31, 2014		2. Re	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. S & L MANAGEMENT, LLC SHANE LOAR 2013 S PREAKNESS WAY NAMPA ID 83686			SHANE LOAR 2013 SOUTH PREAKNESS WAY NAMPA 83686-8368 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				N/				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Limited Liability Comp	panies: Enter Nai	mes and Addresses of at	least one Member or Manager.					
Office Held	Name		Street or PO Address	City	Y	State	Country	Postal Code
MANAGER SHANE M LOAR		OAR	2013 S PREAKNESS WAY	NAN	MPA	ID		83686
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Shane Loar			Date: 11/07/2014			
W 10507		Name (type or print): Shane Loar			Title: Manager			
Processed 11/07/2014 * Electronically provided signatures are accepted as original signatures.								