No. <b>W 116928</b>		Due no later than Aug 31, 2014	2. Registered	Registered Agent and Address (NO PO BOX)  DR TERRY RIBBENS MD 1626 E NINES POINT LN			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form					
		1. Mailing Address: Correct in this box if needed.  SLYNGSHOT MARKETING, LLC BEN BIERI 5347 BLACKSPRUCE PL BOISE ID 83713	BOISE ID 83702  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Compa	nies: Enter N	ames and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	BEN T BIE	RI 5347 BLACK SPRUCE	BOISE	ID	USA	83713	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Ben Bieri	Date: 09/09/2014				
W 116928		Name (type or print): Ben Bieri	Title: President				
Processed 09/09/2014 * Electronically provided signatures are accepted as original signatures.							