

No. W 15554	Due no later than June 30, 2007		2. Registered Agent and Office 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		CONNIE SLADE 2300 E 42 S MOUNTAIN HOME, ID 83647												
		1. Mailing Address - Correct in this box, if applicable SLADE ENTERPRISES LLC. LARRY AND CONNIE SLADE 2300 E 42 S 1348 SE Hamilton Rd. MOUNTAIN HOME, ID 83647		3. New Registered Agent Signature												
4. Limited Liability Companies: Enter Names and Addresses of Managers. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Manager</td> <td>Connie Slade</td> <td>1348 SE Hamilton Rd.</td> <td>mtn. Home</td> <td>ID</td> <td>83647</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	Manager	Connie Slade	1348 SE Hamilton Rd.	mtn. Home	ID	83647
Office held	Name	Street or P.O. Address	City	State	Zip											
Manager	Connie Slade	1348 SE Hamilton Rd.	mtn. Home	ID	83647											
5. Organized Under the Laws of: IDAHO W 15554		6. Signature <u>Connie M. Slade</u> Date <u>5/15/07</u> Name (Typed or Printed) <u>Connie M. Slade</u> Title <u>Manager</u>														

Issued 04/02/2007

Do Not Tape or Staple

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