

No. W 29079		Due no later than Mar 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SLKF, LLC LEE ANN HOSTETLER PO BOX 915 LEWISTON ID 83501		PAUL D SCHRETTE 1407 16TH AVE SUITE A LEWISTON ID 83501			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> 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	
MANAGER	PAUL D SCHRETTE	PO BOX 915	LEWISTON	ID	83501		
MANAGER	JOSEPH V LEE	PO BOX 915	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID W 29079		6. Annual Report must be signed.* Signature: Paul Schrette Name (type or print): Paul Schrette Date: 03/15/2018 Title: President					
Processed 03/15/2018 * Electronically provided signatures are accepted as original signatures.							