No. <b>W 126956</b>		Due no later than Jul 31, 2016		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		SAM SLAVIN	SAM SLAVIN 25 SALVIN LN CARMEN ID 83462  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SLAVINHORSES LLC CHRISTINE MARIE SLAVIN BOX 40		CARMEN ID				
NO FILING FEE IF RECEIVED BY DUE DATE		25 SLAVIN LN CARMEN ID 83462		3. <u>New</u> Registere				
4. Limited Liability Companies:	Enter Nar	mes and Addresses of	at least one Member or Manager.					
Office Held Name			Street or PO Address	City	State	Country	Postal Code	
MEMBER PAT MEMBER JAN	PATRICK SAM SLAVIN PATRICIA ANN BIPPUS JAY S STOKES CHRISTINE MARIE SLAVIN		25 SLAVIN LN 15050 HARRISON ST 2591 GORDON RD 25 SLAVIN LN	CARMEN BRIGHTON NORTH POLE CARMEN	ID CO AK ID	USA USA USA USA	83462 80602 99705 83462	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 126956		Signature: Christine Slavin		Dat	Date: 07/04/2016			
		Name (type or print): Christine Slavin		Title	Title: Office Manager			
Processed 07/04/2016		* Electronically provided signatures are accepted as original signatures.						