

No. <b>W 95173</b>	<b>Due no later than Jul 31, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		CRAE BERRETT 2891 SHELLY PLACE POCATELLO ID 83201			
	SLS2, LLC CRAE BERRETT 2891 SHELLY PLACE POCATELLO ID 83201		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	CRAE BERRETT	2891 SHELLY PLACE	POCATELLO	ID	USA	83201
5. Organized Under the Laws of:  <b>ID</b> <b>W 95173</b>		6. Annual Report must be signed.* Signature: Crae Berrett Name (type or print): Crae Berrett		Date: 05/11/2012 Title: Manager		
Processed 05/11/2012		* Electronically provided signatures are accepted as original signatures.				