No. W 43047		Due no	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		JOSEPH MO	JOSEPH MORTON 5722 SILVERLEAF EXTENSION EMMETT ID 83617 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. SILVER LEAF, LLC JOSEPH T MORTON 5722 SILVERLEAF EXTENSION EMMETT ID 83617		EMMETT ID				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	ınies: Enter Naı	mes and Addresses of	at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	JOSEPH THOMAS MORTON CARMEN D MORTON		5722 SILVERLEAF EXTENSION 5722 SILVERLEAF EXT	EMMETT EMMETT	ID ID	USA USA	83617 83167	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID W 43047		Signature: Joseph		Date: 10/21/2015				
		Name (type or prir		Title: Manager				
Processed 10/21/2015 * Electronically provided signatures are accepted as original signatures.								