

No. W 66804	Due no later than Sep 30, 2014 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SLAVIN VI, LLC MICHAEL J SLAVIN 116 NORTH CENTER STREET SALMON ID 83467 USA		MILTON A SLAVIN 116 N CENTER ST SALMON ID 83467			
			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
MEMBER	MICHAEL J SLAVIN	3052 ESCONDIDO RD	MALIBU	CA	USA	90265
5. Organized Under the Laws of: ID W 66804	6. Annual Report must be signed.* Signature: Michael Slavin Name (type or print): Michael Slavin		Date: 08/04/2014 Title: Manager			
Processed 08/04/2014		* Electronically provided signatures are accepted as original signatures.				