

|                                                                                                                                                        |            |                                                                                                                                                  |           |                                                              |         |             |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--------------------------------------------------------------------------------------------------------------------------------------------------|-----------|--------------------------------------------------------------|---------|-------------|--|
| No. <b>W 107575</b>                                                                                                                                    |            | <b>Due no later than Oct 31, 2018</b>                                                                                                            |           | 2. Registered Agent and Address <b>(NO PO BOX)</b>           |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |            | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>SLACK WATER LLC<br>ARLO SLACK<br>248 EVERGREEN TERRACE RD<br>ST MARIES ID 83861 |           | ARLO SLACK<br>248 EVERGREEN TERRACE RD<br>ST MARIES ID 83861 |         |             |  |
|                                                                                                                                                        |            |                                                                                                                                                  |           | 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                                                                                                                                                 | ARLO SLACK | 248 EVERGREEN TERRACE RD                                                                                                                         | ST MARIES | ID                                                           | USA     | 83861       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 107575</b>                                                                                          |            | 6. Annual Report must be signed.*<br>Signature: arlo slack<br>Name (type or print): arlo slack<br>Date: 08/24/2018<br>Title: member              |           |                                                              |         |             |  |
| Processed 08/24/2018                                                                                                                                   |            | * Electronically provided signatures are accepted as original signatures.                                                                        |           |                                                              |         |             |  |