No. W 66804 Return to:		Due no later than Sep 30, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. SLAVIN VI, LLC MICHAEL J SLAVIN 116 NORTH CENTER STREET SALMON ID 83467			2. Registered Agent and Address (NO PO BOX) MILTON A SLAVIN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				SALI	116 N CENTER ST SALMON ID 83467 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA							
4. Limited Liability Compar	nies: Enter Nai	mes 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		424 E THURMAN MILL ST	GARDI	EN CITY	ID	USA	83714	
5. Organized Under the Laws of:		6. Annual Report must be signed.*							
ID W 66804		Signature: Michael Slavin			Date: 08/11/2010				
		Name (type or print): Michael Slavin			Title: Member				
Processed 08/11/2010	rocessed 08/11/2010 * Electronically provided signatures are accepted as original signatures.								