

No. W 103276	Due no later than May 31, 2016 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. PALMER SLP SERVICES LLC EMILY PALMER 3331 EAST LARSON DR IDAHO FALLS ID 83401		EMILY PALMER 3331 EAST LARSON DR IDAHO FALLS ID 83401			
			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	EMILY L PALMER	3331 E. LARSON	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID W 103276	6. Annual Report must be signed.* Signature: Emily Palmer Name (type or print): Emily Palmer		Date: 03/29/2016 Title: Owner			
Processed 03/29/2016		* Electronically provided signatures are accepted as original signatures.				