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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|---------------------------------------------------------------|---------------------|
| No. <b>W 90746</b>                                                                                                                                     |                | <b>Due no later than Feb 28, 2011</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>Annual Report Form</b><br><br><b>1. Mailing Address: Correct in this box if needed.</b><br><br>S & L PRODUCTS LLC.<br>SCOTT B LINDOW<br>1890 BELAIR CT<br>MOUNTAIN HOME ID 83647-1713<br>USA |               | SCOTT LINDOW<br>1890 BELAIR CT<br>MOUNTAIN HOME ID 83647-1713 |                     |
|                                                                                                                                                        |                |                                                                                                                                                                                                 |               | 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                                                                                                                                                | SCOTT B LINDOW | 1890 BELAIR CT                                                                                                                                                                                  | MOUNTAIN HOME | ID                                                            | USA 83647-1713      |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 90746</b>                                                                                           |                | 6. Annual Report must be signed.*<br>Signature: Scott B. Lindow<br>Name (type or print): Scott B. Lindow<br>Date: 12/29/2010<br>Title: Manager                                                  |               |                                                               |                     |
| Processed 12/29/2010                                                                                                                                   |                | * Electronically provided signatures are accepted as original signatures.                                                                                                                       |               |                                                               |                     |