No. <b>W 47616</b>		Due no later than Feb 28, 2017 Annual Report Form		7	2. Registered Agent and Address (NO PO BOX)			
Return to:					THOMAS K BACON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  SILVERWINGS L.L.C.  THOMAS K BACON PO BOX 581  CASCADE ID 83611			89 PANORAMA DRIVE CASCADE ID 83611  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		0.00.02 10 00011				3		
4. Limited Liability Companies	: Enter Nar	nes and Addresses of at	least one Member or Manager.					
Office Held Na	Name		Street or PO Address		City	State	Country	Postal Code
MANAGER THOMAS K BACON MANAGER JANIS A BACON MANAGER JUDE T BACON		CON	12641 W GINGER CREEK 89 PANORAMA DRIVE 128 EDNA LANE		BOISE CASCADE MIDDLETON	ID ID		83713 83611 83646
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: tkb			Date: 12/28/2016			
W 47616		Name (type or print): tkb			Title: pres			
Processed 12/28/2016 * Electronically provided signatures are accepted as original signatures.								